

HISTORICAL REPORT

FISCAL YEAR 1972

NAVAL HOSPITAL  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND 20014

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NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND 20014

From: Commanding Officer, Naval Hospital, National Naval Medical Center, Bethesda, Maryland 20014  
To: Director of Naval History (OP-09B9), Washington Navy Yard, Washington, D. C. 20390  
Via: Commanding Officer, National Naval Medical Center, Bethesda, Maryland 20014  
Subj: Command Historical Report for Fiscal Year 1972  
Ref: (a) OPNAVINST 5750.12B  
Encl: (1) Historical Report, Naval Hospital, National Naval Medical Center, Bethesda, Maryland for Fiscal Year 1972 (original and two copies)  
1. As required by reference (a), enclosure (1) is submitted.

D. L. CUSTIS

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PART I OUTSTANDING EVENTS

A. DISTINGUISHED VISITORS AND OUTSTANDING EVENTS

1. 2 September 1971

Chevy Chase Women's Republican Club donated T.V. sets to the Hospital.

2. 6 September 1971

Mrs. Tricia Nixon Cox visited Hospital for treatment.

3. 1 November 1971

Mr. Jerome Cohn, National Commander of Jewish War Veterans visited active duty patients.

4. 9 November 1971

Commandant of the Marine Corps, General Leonard F. Chapman and Mrs. Chapman visited Marine patients and distributed the traditional Birthday cake, commemorating the Marine Corps 196th Anniversary.

5. 20 November 1971

Vice President of the United States, Spiro T. Agnew visited the hospital for a physical examination.

6. 22 November 1971

Vice President of the United States, Spiro T. Agnew visited the hospital for completion of a physical examination.

7. 23 November 1971

Miss Lola Tracey of the "Help Hospitalized Veterans" project distributed craft kits and visited with military patients on various wards.

8. 24 November 1971

The Endocrinology Department was approved to have a Residency program, which began actively on 1 July 1972.

9. 3 December 1971

First Lady Mrs. Richard M. Nixon visited the Hospital for a physical examination.

10. 8 December 1971

Patients and staff of Hospital participated in "Operation Noel" party at Longworth House Office Building in Washington, D.C.

11. 14 December 1971

Ward areas participated in the Christmas Decorating Contest.

12. 16 December 1971

Mother Clarke greeted patients and presented donated gifts.

13. 20 December 1971

The Pediatric Acute Care Clinic received a donation of furniture.

14. 24 December 1971

The President of the United States, Mr. Richard M. Nixon had a physical examination.

15. 7 January 1972

Captain Albert J. SCHWAB, MSC, USN, Administrative Officer, Naval Hospital, detached for duty at Naval Hospital, San Diego, California, as the Administrative Officer. Commander William L. LONG, MSC, USN, was his successor.

16. 26 January 1972

HM2 Fred NEWCOMB, USN, was honored as "Corpsman of the Quarter".

17. 15 March 1972

Mr. Jerry Ellis, actor, of the stage show "40 Carats", visited with patients.

18. 27 March 1972

The opening of the new Emergency Room was celebrated with a ribbon cutting ceremony.

19. 28 March 1972

Mother Clarke greeted patients and presented donated gifts.

20. 31 March 1972

HM2 B. FRANZ, USN, was honored as "Corpsman of the Quarter".

21. 20 April 1972

Mother Clarke greeted patients and presented gifts.

22. 28 April 1972

The opening of the new Physical Therapy Department was celebrated with a ribbon cutting ceremony.

23. 10 May 1972

An umbrella agreement was signed with George Washington and Georgetown University, which provided for the acceptance of medical students from these institutions to here for clinical experience and training. It also provided for the appointment of participating Chiefs of Services of Naval Hospital, Bethesda, as professors.

24. 11 May 1972

Captain D. L. CUSTIS, MC, USN, Commanding Officer of the Hospital was notified of his selection for the rank of Rear Admiral.

25. 12 May 1972

HM3 Geraldine BAILEY, USN, of the hospital staff, was honored for being selected as the first female vocalist with the Navy Band. Her rating was changed to Musician and she was transferred for duty with the Navy Band.

26. 12 May 1972

The Chapel Choir from the Maplewood Park Baptist Church of Cahokia, Illinois gave an evening concert in the Auditorium, NNMC, which was followed by small groups of singers visiting patients and singing on various wards.

27. 21 May 1972

The JANGOS group installed new club officers.

28. 5 June 1972

Members of the Navy "Blue Angels" from Pensacola, Florida, visited with patients on the enlisted wards.

29. 7 June 1972

The new Anatomic Pathology spaces were opened with a ribbon cutting ceremony.

30. 11 June 1972

The JANGOS had both their capping ceremony as well as their graduation.

31. 14 June 1972

Coach Allen, Brig Owens, Andy Davis, and Andy Stynchula of the Washington Redskins Football Team visited patients on various wards.

32. 23 June 1972

The opening of the new Executive Dining Room was celebrated with a luncheon.

33. 24 June 1972

Captain Paul KAUFMAN, MC, USN, Director of Clinical Services detached to proceed and report to the Naval Hospital, Jacksonville, Florida as Commanding Officer. He was relieved by Rear Admiral William J. JACOBY, MC, USN.

34. 30 June 1972

The Interns and Residents of the Naval Hospital command and Naval Graduate Dental School command graduated in ceremonies held in the Auditorium, NNMC.

B. FOREIGN VISITORS TO NAVAL HOSPITAL BETHESDA

1. 8 July 1971

Doctor Gui Ben Ari, Poria Hospital, Tibern, Israel. Surgeon at Poria Hospital. Discussed latest techniques in Surgery.

2. 27 August 1972

Doctor Thomaz R. Raposo De Almeda, Au Almirante Barroso, 6, 5. Rio DeJaneiro, Brazil. Hospital consultant. Had Medical orientation to the National Naval Medical Center.

3. 30 August 1971

Mr. Lowel Jones, Office of Ministry of Health, Kingston, Jamaica. Had medical indoctrination and orientation.

4. 2 September 1971

Doctor Peter Bettink (Major), Prospective Deputy Director, Central Military Hospital, Utrecht, Netherlands. Had medical orientation and indoctrination.

5. 23 September 1971

Mrs. Cornelius W. Hedratno, Head, Biology Laboratory, Pasar Djumat Research Center, National Atomic Energy Agency from Djakarta, Indonesia. Visited Radioisotope Therapy Department and X-Ray Department.

6. 12 October 1971

Doctor Domenico Natale, Colonel, Italian Navy. Had medical indoctrination and orientation.

7. 13 October 1971

Twenty German medical students had medical orientation and indoctrination.

8. 9 May 1972

Twenty-nine German physicians and journalists had orientation and briefing concerning hospital.

9. 29 June 1972

Miss Mirta A. Morrone, Civilian attached to the Argentine Naval Hospital, Buenos Aires. Had briefing on Audiometric techniques and equipment.

Orientation Tours of Hospital

A significant number of tours were conducted for groups of students from local and distant grammar schools, high schools, and universities, as well as clubs, career groups, personnel with interest in specific hospital areas, and like organizations. The visitors were generally shown a slide presentation of the activities of the National Naval Medical Center, and escorted on limited tours of areas of interest in the Hospital.



PART II BASIC NARRATIVE

A. COMMAND AND ORGANIZATION

1. Command

a. Captain Donald L. CUSTIS, MC, USN has continued in command of the Naval Hospital with additional duties as Deputy Commanding Officer National Naval Medical Center. Captain CUSTIS reported to the Naval Hospital on 17 July 1970. Captain CUSTIS was notified on 11 May 1972 of his selection for the rank of Rear Admiral.

b. Previous Commanding Officers are shown in Annex I

2. Organization

a. The command is composed of the following major organizational services and divisions. The officers under the heading of the Commanding Officer occupy the billets indicated. Officers listed under the professional services and administrative divisions occupy the billets of Chief of the Service/Division as of 30 June 1972.

(1) Office of the Commanding Officer

COMMANDING OFFICER

Captain Donald L. CUSTIS, MC, USN (Rear Admiral Select)

DIRECTOR OF CLINICAL SERVICES

Captain Paul KAUFMAN, MC, USN

ADMINISTRATIVE OFFICER

Commander William L. LONG, MSC, USN

(2) Professional Services

ANESTHESIOLOGY SERVICE

Captain Robert J. VAN HOUTEN, MC, USN

DERMATOLOGY SERVICE

Captain Will M. NARVA, MC, USN

LABORATORY SERVICE  
Captain Martin J. VALSKE, MC, USN

MEDICAL SERVICE  
Captain Lay M. FOX, MC, USN

NEUROLOGY SERVICE  
Commander William BRANNON, MC, USN

NEUROPSYCHIATRIC SERVICE  
Captain Thomas H. LEWIS, MC, USN

NEUROSURGICAL SERVICE  
Captain Calvin B. EARLY, MC, USN

NURSING SERVICE  
Captain Alice R. REILLY, MC, USN

OBSTETRICS AND SYNECOLOGY SERVICE  
Captain Edmund B. McMAHON, MC, USN

OPHTHALMOLOGY SERVICE  
Captain Lawrence M. KING, JR., MC, USN

ORTHOPEDIC SERVICE  
Captain David Q. WILSON, MC, USN

OTORHINOLARYNGOLOGY SERVICE  
Captain Hugh O. DEFRIES, MC, USN

OUTPATIENT SERVICE  
Captain Carl M. VOYLES, MC, USNR

PEDIATRIC SERVICE  
Commander David BAILEY, MC, USN

PHARMACY SERVICE  
Captain Theodore W. TOBER, MSC, USN

PLASTIC SURGERY SERVICE  
Captain Wilbur D. LATHAM, MC, USN

RADIOLOGY SERVICE  
Captain James E. TURNER, MC, USN

SURGICAL SERVICE  
Captain Buell C. COLE, MC, USN

THORACIC AND CARDIOVASCULAR SURGERY'S SERVICE  
Captain Mitchell MILLS, MC, USN

UROLOGY SERVICE  
Captain Mitchell EDSON, MC, USN

(3) Administrative Divisions  
OPERATING SERVICES DIVISION  
Lieutenant Richard D. REYNOLDS, MSC, USN

FOOD SERVICE DIVISION  
Lieutenant Commander William F. HAUS, MSC, USN

PATIENT AFFAIRS DIVISION  
Commander Henry D. GOBBEL, MSC, USN

PERSONNEL DIVISION  
Lieutenant Commander Richard L. DEVAULT, MSC, USN

B. MISSION, TASK, AND EXTERNAL COMMAND RELATIONSHIPS

1. MISSION. There has been no change in the Mission.

Operating beds authorized remains at 750. Authorized beds for Veterans Administration beneficiaries remains at one. The hospital has a capability of 1170 beds on six foot centers and 902 on eight foot centers. Not included in the figures noted above are 50 bassinettes.

2. TASKS. One task was removed from the hospital's area of responsibility during the reporting period.

a. The Personnel Division was consolidated with the other tenant commands in to the National Naval Medical Center Personnel Department.

3. EXTERNAL COMMAND RELATIONSHIPS.

a. External Command Relationships remain unchanged, and are reflected in Annex II. Professional and Administrative support from component commands of the National Naval Medical Center complex, particularly that provided by the Naval Medical Training Institute, Naval Dental Graduate School and the Naval Medical Research Institute remain a vital part of our capability of providing inpatient and outpatient care.

C. STAFFING

1. Military Personnel.

a. Allowance and Manning level. Information concerning allowances and staffing are reflected in Annex III.

2. Civilian Personnel.

a. Allowance and Manning level. The authorized ceiling

for civilian personnel was decreased from 492 in 1972, to a fiscal year end total of 481. At the end of the year, the manning level of civilian employees was 477, including full time, part time, and temporary employees.

b. Youth Opportunity Campaign. During the 1971 Youth Opportunity Campaign conducted from June through September, young people were employed by the hospital and were placed in a variety of positions. Working as messengers, file clerks, patient escorts and performing other associated duties, these young men and women proved to be able and energetic workers and were most helpful in alleviating some of the problems generated by shortages of regularly assigned staff.

C. AMERICAN RED CROSS

(1) Mission

The mission of the Red Cross unit is to help patients derive maximum benefits from hospital care by helping in the solution of their personal and family problems and by providing medically approved recreation as an aid to recovery. Red Cross staff also assist men and women who are to be discharged from service for disability with their plans for, and re-adjustment to, civilian life. Red Cross welfare services are available to all able-bodied military personnel assigned to NNMC.

The Red Cross unit is responsible for recruiting and orienting volunteers from the surrounding community who are willing to serve on a regular basis within the Naval Hospital and for co-ordinating the efforts of volunteer community organizations which wish to provide recreational services to patients.

(2) Staff

a. Career

The Red Cross unit consists of 11 full-time, paid staff members: Hospital Field Director, Casework Supervisor, 2 Caseworkers, Recreation Supervisor, 3 Recreation Workers, Clerk-bookkeeper, and 2 Secretaries.

b. Volunteer

During this period an average of 123 volunteers served regularly within Naval Hospital each month. Approximately 63% of these participated in the welfare and recreation programs sponsored by Red Cross. The others were assigned to Nursing Service, working primarily in Out Patient Department and receiving their supervision from members of the Nursing Service staff.

(3) Resume of service

a. Social Service

During this period 2568 individuals and families utilized Red Cross welfare services. Such services included: counselling regarding personal and family problems; financial assistance; obtaining home conditions reports and social histories for the use of military and medical authorities in handling leave requests and establishing treatment plans; providing information on military regulations and benefits; and referral of unmarried mothers to community social agencies.

In 143 situations the Red Cross unit provided financial assistance to servicemen and/or their families. Such assistance totalled \$7,723, \$1,436 of which was given as grants, with no repayment expected. In addition, the Red Cross unit served as agent for numerous Red Cross Chapters throughout the country by advancing funds to patient's relatives

who resided in other areas but were visiting the hospital on the recommendation of medical authorities.

Red Cross Social Service staff work closely with volunteers assigned to provide personal services to patients. These volunteers visit each ward daily to shop or handle personal errand for bed-ridden patients and to provide friendly visiting opportunities to those who have few visitors.

b. Recreation

The recreation staff, with the assistance of trained volunteers, conducted 1159 organized programs on the wards. Such service was concentrated on enlisted wards, but also available to officer and dependent wards as needs arose. In addition, special individual recreational activities were provided for 1080 patients. There were 662 showings of 16 MM movies on wards.

The diversional crafts program, which is completely supported by donations from interested individuals and groups within the local community, was made available to all patients, 1321 of whom participated in it. Red Cross volunteers who were experienced in crafts projects also assisted in the distribution of numerous model kits, paint-by-numbers sets, and other manufactured handicraft supplies which were donated by the Help Hospitalized Veterans organization.

Eight volunteers worked under the supervision of the staff of the Crew's Library, taking a "bookmobile" to all wards on a regular basis to make reading material available to bed-ridden patients.

c. Volunteer

One training course was held in the fall of 1971 to orient new volunteers to service within medical settings. Thirty-four ladies participated in this course. Throughout the year additional on-the-job training opportunities were offered to volunteers as need arose.

Volunteer service within Naval Hospital during this period totalled more than 25,000 hours.

(4) JANGOS (Nurses' Aides)

a. The JANGOS (Junior Army-Navy Guild Organization) continued to provide essential volunteer service to hospitalized patients, assisting in such tasks as bed making, escorting patients, shopping for patients, etc. Their assistance, in the face of increased workload and staff shortages, has been invaluable, and has permitted nursing personnel more time for the performance of strictly patient care functions. The JANGOS perform in military hospitals a similar function to "Candy Stripers" in civilian hospitals.

b. The JANGOS are supervised by the Nursing Service, and their training is provided by a volunteer registered nurse, Mrs. Brenda Miller. Considerable administrative support is provided by the Administrative Officer and his staff.

D. OPERATIONS AND ACTIVITIES

1. Medical Care Rendered.

a. Inpatient Care. A total of 13,841 patients were admitted in 1971. Of this number, 70 were admitted from the Southeast Asia theater of operations compared with 518 in 1970. The census at the end of 1971 reflects

a total of 466 patients remaining. Of this number, approximately 11 were from Vietnam. Detailed statistics of admissions, discharges, and other data reflecting patient and outpatient care are shown in Annex IV.

b. Outpatient Care. A total of 488, 342 outpatient visits were recorded in 1971, a decrease of 4,024 over 1970. Approximately 100 to 120 new outpatients are registered each day. Detailed statistics are shown in Annex IV. The population supported has grown to 160,000 due to the number of retirees and dependents in the area.

2. Training. One of the more important functions of this command is that of providing training for Medical Department personnel, including residency training, intern training, clinical clerkships, formal training for Group X Hospital Corpsmen, part-time outservice training, training in support of fleet operations, and duty in the field with the U. S. Marine Corps. The hospital is approved as a member by American Hospital Association for residency training in medical and surgical specialists. This program, augmented by civilian consultants, is organized for the purpose of maintaining an active and vigorous residency and intern training program on the year-round basis. The teaching programs are held in conjunction with the Naval Medical Research Institute, and through liaison with local hospitals and universities. In addition, staff enlisted hospital corpsmen are trained in all paramedical specialties for utilization of their skills at this hospital, with Marines in the field, and on ships at sea.

a. The Residency Training Program. This hospital is one of the major residency training hospitals. Thirty-four residents completed training in FY-1972, and fifty-three commenced residency training. At the end of FY-1972, 121 residents were in training. See Annex IX for a description of each residency and fellowship. The following is a breakdown of the residency specialties and the number of medical officers on board as of 30 June 1972.

	STAFF	RESIDENTS	TOTAL
ANESTHESIOLOGY	7	10	17
CARDIOVASCULAR DISEASE	4	4	8
DERMATOLOGY	4	-	4
ENDOCRINOLOGY	2	-	2
GASTROENTEROLOGY	3	2	5
HEMATOLOGY & CHEMOTHERAPY	2	2	4
INTERNAL MEDICINE	10	14	24
NEUROLOGY	4	1	5
NEUROSURGERY	4	-	4
OBSTETRICS/GYNECOLOGY	4	7	11
OPHTHALMOLOGY	4	7	11
ORAL SURGERY	1	3	4
ORTHOPEDIC SURGERY	6	8	14
OTOLARYNGOLOGY	3	8	11
OUTPATIENT DEPARTMENT	14	-	14
PATHOLOGY	8	11	19
PEDIATRICS	10	7	17

	STAFF	RESIDENTS	TOTAL
PLASTIC SURGERY	3	1	4
PSYCHIATRY	11	7	18
PULMONARY DISEASE	2	2	4
RADIOLOGY	7	11	18
GENERAL SURGERY	7	8	15
THORACIC & CARDIOVASCULAR SURGERY	4	2	6
UROLOGY	<u>3</u>	<u>6</u>	<u>9</u>
TOTAL	127	121	248

b. The Intern Training Program. The hospital was authorized 26 intern billets for 1971, only 20 were filled. There were four dental internships authorized this hospital for 1971, all four of which were filled. The interns reported in June 1971 for training commencing 1 July 1971, and all remained on board as of 31 December 1971. The Intern Graduation Ceremony was held on 30 June 1972, at which the interns were presented their certificates (Manpower and Reserve Affairs).

c. Clinical Clerkship. Fifty Clinical Clerks (Ensign 1915 and 1965 Programs) completed 30-60 day periods of rotating indoctrination in the various clinical services during 1971.

d. Formal Training for Group X Hospital Corpsmen. This hospital conducts formal training for Group X Hospital Training in nine technical specialties. During Fiscal year 1972 a total of 267 students completed training and were graduated. The following table provides data concerning each class:

SCHOOL, CLASS NUMBER,  
AND GRADUATION DATE

			<u>USN</u>	<u>USA</u>	<u>USCG</u>	<u>TOTALS</u>
CARDIOPULMONARY	7201	18 AUG 72	6	1		7
OPERATING ROOM	7104	02 JUL 72	8			10
	7105	27 AUG 72	10			10
	7106	29 OCT 71	15			15
	7107	24 DEC 71	12			12
	7201	10 MAR 72	12			12
	7202	02 MAY 72	9			9
	7203	30 JUN 72	9	1		10
	7204	11 AUG 72	6			6
NEUROPSYCHIATRY	7102	02 JUL 71	12			12
	7201	29 OCT 71	21			21
	7202	03 MAR 72	13			13
	7203	23 JUN 72	11			11
EENT	7103	30 JUL 71	11			11
	7104	29 NOV 71	10			10
	7202	12 MAY 72	4			4
	7203	28 JUL 72	3			3
EKG	7201	18 AUG 71	8	1		9
	7202	26 NOV 71	5	3		8
	7203	28 JAN 72		8		8
	7204	17 MAR 72	3	3		6
	7205	02 JUN 72	4			4
	7206	14 JUL 72	2			2
	7207	18 AUG 72	3			3
EEG	7103	16 JUL 71	1			1
	7104	15 OCT 71	1			1
	7201	18 FEB 72	3			3
	7202	19 MAY 72	1			1
	7203	18 AUG 72	1			1
UROLOGY	7103	09 JUL 71	2			2
	7104	08 OCT 71	1			1
	7201	21 JAN 72	1			1
	7202	21 APR 72	2			2
X-RAY	7201	10 MAR 72	10			10
CLINICAL LAB	7101	24 SEP 71	11			12 (1SV
	7201	01 SEP 72	15	1		16

E. RECOGNITION OF ACCOMPLISHMENT. Individual and departmental recognition is outlined below.

1. Clinical Services. Significant events within the professional services, including participation by staff in joint activities and original work, follow (see next page):

Anesthesiology - Page II-14  
Dermatology - Page II-21  
Laboratory - Page II-23  
Medical - Page II-27  
Neurology - Page II-38  
Neurosurgery - Page II-40  
Nursing - Page II-40  
Obstetrics & Gynecology - Page II-66  
Ophthalmology - Page II-71  
Orthopaedic - Page II-74  
Otorhinolaryngology - Page II-79  
Outpatient - Page II-81  
Pediatric - Page II-83  
Pharmacy - Page II-96  
Plastic Surgery - Page II-99  
Psychiatry - Page II-102  
Radiology - Page II-111  
General Surgery - Page II-113  
Cardiovascular & Thoracic Surgery - Page II-116  
Urology - Page II-117  
Operating Services - Page II-120  
Patient Affairs - Page II-121  
Personnel - Page II-122

A. ANESTHESIOLOGY SERVICE

JULY 1971

LT. C. G. Bush, Jr., at Yale University, Yale-New Haven Hospital, New Haven, Connecticut, for one-month's rotation in Obstetrical anesthesia.

LCDR E. P. Juras, RAD.

LCDR G. E. Fleming, detached to Naval Hospital, Camp LeJune, North Carolina.

LCDR F. E. Mack, reported on board from home.

LCDR I. A. Campomanes, detached to Naval Hospital, St. Albans, New York.

LT J. R. Liscomb, Jr., detached to Naval Hospital, Annapolis, Maryland.

LCDR D. A. John, reported on board from Naval Air Station, Pensacola, Florida.

LCDR S. Weigle, reported on board from home (TAD).

LCDR S. Weigle, detached to Pensacola, Florida.

LT J. P. Jordan, reported on board from Kingsville, Texas.

LT E. F. Anderson, reported on board from Naval Hospital, Great Lakes, Illinois.

LCDR T. J. Antlfinger, detached to Naval Hospital, Quantanamo Bay, Cuba.

LCDR G. C. Parrish, detached to Naval Hospital, Jacksonville, Florida.

HM3 G. P. Wasrud, detached to Naval Hospital, Subic Bay, Philippines.

AUGUST 1971

LCDR J. L. Atlee, III, reported on board from home.

LT L. E. McCracken, Jr., reported on board from Naval Hospital, Quantanamo Bay, Cuba.

SEPTEMBER 1971

LCDR D. A. Cross, at George Washington University, Washington, D. C., for two-month's rotation in Intensive Care Unit medicine.

LCDR M. H. Rosenthal, reported on board from Naval Hospital, San Diego, California,

LCDR R. E. Buckingham, reported on board from home.

LCDR J. P. Swope, consultant to George Washington University Medical Center and Anesthesiology Department.

OCTOBER 1971

Annual American Society of Anesthesiologist meeting in Atlanta, Georgia attended by: CAPT R. J. Van Houten, LCDR J. P. Swope, LCDR F. E. Mack, LCDR B. G. McAlary, LE O.G. Bush, Jr., LCDR D. A. Cross, and LT W. R. Kendrick.

LCDR J. P. Swope, took and passed American Board of Anesthesiology examination in Hartford, Connecticut.

LCDR S. Schaberg, resident in oral surgery at Naval Hospital, Bethesda, reported on board for three-month rotation in Anesthesiology.

LCDR R. E. Buckingham, TAD, attended the American College of Surgeons meeting on trauma in Chicago, Illinois.

NOVEMBER 1971

LCDR J. H. J. Brown, reported on board from Naval Hospital, Charleston, South Carolina.

Macklin lectures, Portsmouth, Virginia (Naval Hospital) attended by: LCDR J. P. Swope, (participated), LT L. E. McCracken, Jr., LCDR J. L. Atlee, III, LCDR J. H. J. Brown, LT F. E. Paulsen, and LCDR M. H. Rosenthal.

LCDR D. A. John, at Yale University, Yale-New Haven Hospital, New Haven, Connecticut, for one-month's rotation in Obstetrical anesthesia.

LCDR B. G. McAlary, completed residency and assigned to staff, Anesthesiology Service, Naval Hospital, Bethesda, Maryland.

LCDR J. P. Swope, TAD, to Cleveland, Ohio, as Surgeon General's representative to National Fire Prevention Association, Code 56-A, meeting.

LCDR J. P. Swope, TAD, to Newark, New Jersey, as Surgeon General's representative to National Fire Prevention Association, Code 76, meeting.

LCDR F. E. Mack, addressed the Southern Medical Association, at University of Miami, Miami, Florida.

DECEMBER 1971

CAPT R? J. Van Houten, TAD, attends the Technical Working Group on Oral and Maxillofacial Surgery, Charlottesville, Virginia.

CAPT R. J. Van Houten, TAD, attends the Health Resources Advisory Committee meeting, San Antonio, Texas.

HN D. L. Madoni, reported on board from Naval Hospital, Bethesda, Maryland.

JANUARY 1972

LCDR B. G. McAlary, TAD, at Jackson Memorial Hospital, University of Miami, Miami, Florida, for one-month sabbatical.

LT W. A. Magill, TAD, from Naval Hospital, Philadelphia, Pennsylvania, for a two month rotation in cardiac anesthesia.

LT J. P. Jordan, at Yale University, Yale-New Haven Hospital, New Haven, Connecticut, for one month's rotation in Obstetrical anesthesia.

LT E. Pelletier, reported on board from Naval Hospital, Portsmouth, Virginia.

FEBRUARY 1971

LT R. E. Hungerbuhler, reported on board from Naval Weapons, Station, Yorktown, Virginia.

LCDR A. A. Crisera, TAD, to Quantanamo Bay, Cuba, as relief to regular personnel in Anesthesiology Department at Naval Hospital.

LT M. Boer, TAD, to Naval Hospital, Argentia, Newfoundland, as relief to regular personnel in Anesthesiology Department.

CAPT R. J. Van Houten, TAD, at Duke University, Duke University Medical Center, Raleigh, North Carolina, for American Medical Association residency inspection.

LCDR J. H. J. Brown, TAD, to George Washington University Medical Center, Washington, D. C., for rotation in Intensive Care Unit medicine.

LCDR J. P. Swope, consultant to Georgetown University Hospital, Washington, D. C.

LCDR J. P. Swope, consultant to George Washington University Medical Center, Washington, D. C.

LCDR M. H. Rosenthal, TAD, to Los Angeles, California, for attendance at Critical Care Medicine and Circulatory Shock Symposium.

MARCH 1972

LT T. Ruggles, TAD, from Naval Hospital, Philadelphia, Pennsylvania, for two-month rotation in cardiac anesthesia.

LT E. F. Anderson, at Yale University, Yale-New Haven Hospital, New Haven, Connecticut, for one-month's rotation in Obstetrical anesthesia.

LCDR J. P. Swope, consultant to Walter Reed Army Medical Center, Washington, D.C.

LCDR R. E. Buckingham, took and passed American Board of Anesthesiology examination in San Francisco, California.

LCDR J. H. J. Brown, attended the New Jersey State Society of Anesthesiologists meeting, Cherry Hill, New Jersey.

APRIL 1972

LCDR Orin A. Seager, reported on board for two weeks active duty, from University of Florida, Gainesville, Florida.

LCDR J. P. Swope, consultant to Sacred Heart Hospital, Allentown, Pennsylvania.

LCDR J. P. Swope, consultant to Naval Hospital, Chelsea, Massachusetts.

LCDR J. P. Swope, TAD, to National Fire Prevention Association meeting, Boston, Massachusetts.

LCDR J. P. Swope, consultant to Walter Reed Army Medical Center, Washington, D. C.

LCDR J. P. Swope, TAD, to Naval Hospital, Oakland, California, for inspection of isolation transformers.

LT F. L. Paulsen, TAD, to George Washington University Medical Center, Washington, D. C., for rotation in Intensive Care Unit medicine.

LCDR D. A. Cross, TAD, to Childrens' Hospital, Washington, D. C., for two-months' rotation in newborn-Intensive Care Unit medicine.

MAY 1972

LT L. E. McCracken, Jr., TAD, at Yale University, Yale-New Haven Hospital, New Haven, Connecticut, for one-month's rotation in Obstetrical Anesthesia.

LCDR J. L. Atlee, III, and LT E. Pelletier, TAD to Camp LeJeune, North Carolina, for field maneuvers.

LCDR J. P. Swope, TAD, to Philadelphia, Pennsylvania, as Surgeon General's representative to National Fire Prevention Association, Code 76-B, meeting.

LCDR J. P. Swope, TAD, to Boston, Massachusetts, for National Fire Prevention Association meeting.

LT R. Jooss, TAD, from Naval Hospital, Philadelphia, Pennsylvania, for two-month rotation in cardiac anesthesia.

HN J. H. Toy, Jr., detached to Camp LeJeune, North Carolina.

HNC. Tourkantonis reported on board from Naval Hospital, Bethesda, Maryland.

LT W. R. Kendrick, TAD, to George Washington University Medical Center, Washington, D. C., for rotation in Intensive Care Unit medicine.

Lt F. L. Paulsen, TAD, to Pittsburgh, Pennsylvania, for Conference on Critical Care in Medicine, University of Pittsburgh.

JUNE 1972

LT M. Boer, RAD.

LCDR A. A. Crisera, RAD.

LCDR M. H. Rosenthal, LCDR F. E. Mack, and LCDR B. G. McAlary, TAD, to Lackland Air Force Base, San Antonio, Texas, for attendance at the 19th Annual Anesthesiology Review Course.

LCDR J. L. Atlee, TAD, Las Vegas, Nevada.

LCDR J. H. J. Brown, TAD, to Halifax, Nova Scotia, Canada for meeting of Canadian Anaesthetists Society.

LT F. L. Paulsen promoted to the rank of LCDR.

LT W. R. Kendrick promoted to the rank of LCDR.

LT J. P. Jordan promoted to the rank of LCDR.

Resident Graduation attended by LCDR F. L. Paulsen, LCDR W. R. Kendrick, and LT C. G. Bush, Jr.

Annetta L. Murphy, M. D., a third-year resident from Georgetown University Medical Center, Washington, D. C., for one month's training.

At the end of the reporting period, the department consisted of the following personnel:

STAFF:

CAPT R. J. Van Houten, MC USN  
LCDR J. P. Swope, MC USN  
LCDR M. H. Rosenthal, MC USN  
LCDR B. G. McAlary, MC USN  
LCDR F. E. Mack, MC USN  
LCDR J. L. Atlee, III, MC USNR  
LCDR R. E. Buckingham, Jr., MC USNR

RESIDENTS:

LT E. F. Anderson, MC USN  
LCDR J. H. J. Brown, MC USN  
LT C. G. Bush, Jr., MC USN  
LCDR D. A. Cross, MC USN  
LT R. F. Hungerbuhler, MC USN  
LCDR D. A. John, MC USN  
LCDR J. P. Jordan, MC USN  
LCDR W. R. Kendrick, MC USN  
LT L. E. McCracken, MC USN  
LCDR F. L. Paulsen, MC USN

NURSE ANESTHETISTS:

LT B. A. Allred, NC USN  
LT E. R. Pelletier, NC USN

B. DERMATOLOGY SERVICE

1. The Dermatology Service had 17,723 outpatient visits and 1,034 inpatients visits during this past fiscal year.
2. LCDR John W. Cox, MC, USNR reported for duty on July 1971 from civilian residency training at the University of Miami School of Medicine, Miami, Florida.
3. CDR W. T. Johnson, MC USN attended the Psoriasis Seminar at Standford University Medical Center, Polo Alto, California in July 1971.
4. LCDR G. A. Debecki, and LCDR J. Cox attended the American Academy of Dermatology in Chicago, Illinois from 2 December - 7 December 1972.
5. The Dermatology Service was host to the Washington, D. C. Dermatological Society on 23 March 1972. Fourteen patients were presented and discussed. Seventy-five physicians were in attendance at this annual meeting.
6. CAPT W. M. Narva, MC USN, continued in his assignment as physician to CNO as additional duty. This duty was required extended travel and collateral tasks.

7. Work is now underway to remodel Ward 6B with more spaces for the Dermatology Service. It is anticipated that we shall move in by December 1972.

C. LABORATORY SERVICE

July 1971

HM2 Richard A. Schutz was registered as a Medical Technologist by the American Society of Clinical Pathologists.

LCDR L. A. Rosati, MC, USN, was appointed Acting Head of Anatomic Pathology Branch for 1971-72.

HM3 Earl Hallet attended a "Workshop on Triglycerides" conducted by Scientific Products at Washington, D. C.

September 1971

Miss Marianne Bayby, MT (ASCP) attended a seminar in "Continuing Education in Toxicology" at Marymount College, Arlington, Virginia.

Class 7101 of the Clinical Laboratory Technician (8417) School graduated 31 students on 24 September.

October 1971

Class 7201 of the Special Curriculum (8415) School convened on 18 October.

Class 7201 of the Clinical Laboratory Technician (8417) School convened with 30 students on 18 October.

LT V. D. Schnkinski, MSC, USN, and HM R. Santos attended two days of workshops in parasitology at the ASCP-CAP convention in Boston.

November 1971

LCDR L. A. Rosati, MC, USN, LCDR G. L. Van Der Ave, MC, USN, Mr. William Pridgen and Mrs. Ann Hofler attended the annual meeting of the American Society of Cytology held November 3-6 at Washington D. C.

LCDR Malcom M. Murdock, MC, USN, took the National Anatomic and Clinical Pathology Board Examination at San Diego, California.

The Laboratory Service received accreditation through 9 November 1974 by the College of American Pathologist on 9 November.

January 1972

LCDR L. R. Rubel, MC, USN, attended a course in "Leprosy for Pathologists" conducted at Carville, Louisiana.

Rosa Lamphen received certification in Histotechnology by the American Society of Clinical Pathologists.

Class 7102 of the Special Curriculum (8415) School graduated on 28 January.

Class 7102 of the Clinical Laboratory Technician (8417) School graduated 36 students on 28 January.

February 1972

LCDR Malcom M. Murdock, MC, USN, and HM2 Richard A. Schutz MT (ASCP) attended the "Workshop in Laboratory Computers" conducted by Scientific Products.

Mrs. M. Jessee completed a post graduate course in Mycology conducted at the National Institute of Health, Bethesda, Maryland.

Class 7202 of the Special Curriculum (8415) School convened on 14 February.

Class 7202 of the Clinical Laboratory Technician (8417) School convened with 27 students on 14 February.

March 1972

LCDR L. R. Rubel, MC, USN, attended the International Academy of Pathology meeting at Cincinnati, Ohio.

LCDR Malcom M. Murdock, MC, USN, attended the "Programachem Workshop" conducted by Fisher Scientific Products.

Mrs. M. Jessee attended the 2nd International Conference for Opportunistic Fungal Infections held at Lexington, Kentucky.

The Blood Bank Section received accreditation through 16 March 1975 by the American Association of Blood Bank on 16 March.

April 1972

LTJG Walter Girod, MSC, USNR, LT Walter Cox, MSC, USN, and Dana Warnick MS:MT (ASCP), attended the annual meeting of the American Society for Microbiology at Philadelphia.

LCDR L. R. Rubel, MC, USN, published a paper, "Pitted Keratolysis and Dermatophilus Congolensis"; Archives and Dermatology, Vol 105.

May 1972

LCDR G. L. Van Der Ave, MC, USN, was certified in Anatomic and Clinical Pathology by the American Board of Pathology.

Class 7103 of the Special Curriculum (8415) School graduated on 12 May.

HM2 Richard A. Schutz, MT (ASCP) attended the workshop in "Advanced Automated Chemistry" conducted by the American Society of Clinical Pathologists.

A teletype link was placed in operation between Naval Hospital, Bethesda, Patuxent River, Annapolis and Quantico.

Class 7103 of the Clinical Laboratory Technician (8417) School graduated 35 students on 12 May.

LCDR L. R. Rubel, MC, USN, published a paper, "A Case for Diagnosis: Cryptococcosis"; Military Medicine, Vol 137, No. 5.

Class 7203 of the Special Curriculum (8415) School convened on 30 May.

Class 7203 of the Clinical Laboratory Technician (8417) School convened with 39 students on 30 May.

June 1972

HM2 Richard A. Schutz MT, USN, (ASCP) attended the "Programachem Workshop" conducted with Fisher Scientific Products.

Anatomic Pathology Branch reoccupied its newly remodeled spaces after nine months in temporary quarters on 7 June.

LCDR Malcom M. Murdock, MC, USN, spoke on "Preventive Maintenance in the Laboratory" at the "Laboratory Improvement Seminar" presented by the Naval Medical Training Institute and conducted by the Laboratory Service, Naval Hospital, National Naval Medical Center, Bethesda, Maryland.

LCDR Malcom M. Murdock, MC, USN, was guest speaker at a "Symposium on Laboratory Data Management" presented by T&T Technology and Scientific Products.

Ann B. Adcock MT (ASCP) was rehired as Supervisory Medical Technologist of Clinical Chemistry Section on 23 June.

LCDR Paul Sher, MC, USNR, was certified in Anatomic and Clinical Pathology by the American Board of Pathology.

HM2 Gerald Gantt, MT (ASCP) attended the "Clinical Workshop for Microbiology" conducted by the American Society of Clinical Pathologists at Alexandria, Virginia.

The Special Curriculum (8415 - Medical Technologist) was nearing the final stages of seeking academic accreditation by the George Washington University.

#### SUMMARY OF LABORATORY STAFFING REQUIREMENTS

1. Officer Billets - 22

MC - 14  
MSC - 8

2. Enlisted Billets - 55

8417 - 35  
8415 - 11  
8414 - 5  
8412 - 2  
0000 - 1  
8496 - 1

3. Civilian Billets - 35

D. MEDICAL SERVICE

The department produced a three-day course, "Current Concepts in Internal Medicine", in September, 1971 and was attended by over 100 military and civilian internists. This was a cooperative effort of all subspecialties and was very well received.

The assignment by the Bureau of Medicine and Surgery of highly trained Berry plan specialists in Immunology, Allergy, Pulmonary Disease, Rheumatology, and Endocrinology caused a significant improvement in the teaching program and in patient care. The availability of such civilian trained physicians has continued to be an important aspect of the Navy's graduate training program. Approximately 20 staff members and residents attended the American College of Physicians' meeting in Atlantic City. Other staff members attended various scientific meetings, courses, and symposia throughout the year.

While civilian consultant visits continue to be a valued part of the teaching program, the emphasis in recent years has been on teaching by our own staff with civilian consultants being used in a supplementary role. Many of the consultants serve without pay, indicating that their visits were as useful to them as to us. Three straight medical interns and four major emphasis medicine interns were assigned in 1970-71. The medical residency program was increased to six in each of three years.

1. Allergy Branch

a. During 1971 and 1972 a pediatric resident and chest fellow had elective one-month rotations in the Allergy Clinic.

b. In an attempt to improve patient care involving allergy patients at outlying facilities, corpsmen from two facilities (Annapolis and Patuxent River) spent several half days in the Allergy Clinic. They were instructed on the method of administrating allergy injections and how to treat reactions to injections. Also, a Navy physician from Annapolis spent two half days in the Allergy Clinic and was given instruction regarding allergy patient evaluations and referral.

c. The head of the Allergy Branch participated in the "Current Concepts on Medicine" course sponsored by the Medical Service, and delivered several lectures to house staff and Nurse Corps officers and lectured to the medical staff at the Patuxent Naval Air Station.

d. The Allergy Branch participates in a weekly Immunology Seminar.

e. Because of the increasing patient load in the Allergy Clinic, and because of limited professional staff, it was decided in May, 1972 that service would be limited to active duty personnel.

2. Cardiology Branch

a. Cardiology activities continued at an accelerated pace in the areas of patient care and professional training through fiscal year 1972. 375 patients were admitted to the Coronary Care Unit during this period. 280 patients underwent diagnostic study in the Cardiac Catheterization Laboratory. Increasing demands for selective coronary angiographic studies were generated by a very successful myocardial revascularization surgery program under the cognizance of the Thoracic Surgery Service. A total of 130 selective coronary studies were accomplished during the past year. There were 18, 460 electrocardiograms done in addition to which 420 exercise stress tests were done on the treadmill. 2,485 patients were seen in the outpatient Cardiology Clinics in addition to which the Cardiology staff afforded consultative services and teaching activities to all other services in the hospital.

b. Two Cardiology fellows completed two years of subspecialty training in cardiovascular disease, qualifying them for subspecialty examination. Medical residents continued to rotate on an individual basis through Cardiology for training. Several interns elected to spend time with the branch. Cardiology continued to participate with the Pulmonary Branch in the administration of the cardiopulmonary technician school. The school for electrocardiographic technician operated by the Cardiology Branch was cut during the past year from a 16-week school to an 8-week training period with the elimination of basal metabolism training. Two new first-year fellows were welcomed to commence their subspecialty training in cardiovascular

diseases. Two members were welcomed to the staff, increasing the number of full-time staff physicians to four doctors. Several physician reservists reported to the Cardiology Branch for two-week's active duty training. Members of the branch participated in various professional programs including "Current Concepts in Medicine" sponsored by the Medical Service at the Naval Hospital Bethesda, Montgomery County Heart Association education series for high school students, NIH Cardiovascular Research Study Section meetings, and National Heart-Lung Council sessions.

3. Chest and Infectious Disease Branch

a. The inpatient and outpatient workload of the branch has continued to increase, particularly that of the Chest Clinic, which sees over 500 patients monthly. The teaching program remains active.

(1) The two-year fellowship program started in 1968 and has a physician at each year level.

(2) During the year, frequent rotations of medical, cardiology, and anesthesiology residents, who desired chest electives, have helped stimulate the teaching program and have aided in the consultation service of the branch.

(3) In July, 1972 a third fully trained chest physician will be added to our staff. This will enhance our teaching program as well as help us maintain the present caliber of patient care.

(4) Our teaching program is affiliated with Georgetown University Medical School. The second year fellow spends part of his second year of training at that institution. Beginning 1 August 1972 we shall have senior students from Georgetown University Medical School for a 6-12 week elective in pulmonary diseases.

b. The Inhalation Therapy Department, under the direction of this branch, has experienced a steadily increasing workload. Concurrently, the number of working personnel has been increased, and the overall quality of services has improved. An increase in working space, trained personnel, and equipment is needed.

c. The Pulmonary Laboratory is continuously being updated with new equipment and modification of procedures. The workload has continued to increase, with an average of 120 pulmonary function studies and 600 blood gas studies monthly.

d. The need for permanent highly-trained personnel with centralized equipment and laboratory support for patients with critical respiratory problems has been recognized.

(1) The new intensive care unit is now functioning with a fully trained staff medical officer and paramedical personnel. The care of a patient with a critical respiratory problem is optional in this unit.

(2) The nursing specialist in respiratory care has significantly augmented our teaching programs and patient care.

e. The Cardiopulmonary School has continued to produce small numbers of well-trained and very valuable technicians. Continued revision of the curriculum continues to meet current needs and advances.

4. Endocrinology Branch

a. Efforts were continued towards the introduction of newer endocrinological diagnostic techniques necessary to support the patient care mission of the branch as well as the branch's growing commitments in the area of clinical investigation. Radioimmunoassays for digonix, angiotensin I and cyclic AMP were developed.

b. A Fellowship Training Program in endocrinology and metabolism was approved by the Bureau of Medicine and Surgery.

c. The Branch remained active in intramural teaching. Liaison with the National Institutes of Health and Georgetown University was expanded. Twelve scientific papers were published during the reporting period.

5. Gastroenterology Branch

a. The Gastroenterology Branch has continued to show significant growth in the past year. The Fellowship in gastroenterology has become more firmly established. The teaching program has progressed as previously outlined, and our affiliation with the Department of Gastroenterology at Walter Reed and the Armed Forces Institute of Pathology has been very successful.

b. The Gastroenterology Clinic has continued to provide comprehensive service in the diagnosis and treatment of gastrointestinal problems. The use of peritoneoscopy and fiberoptic colonoscopy have become established as useful investigative techniques for the many difficult diagnostic entities seen at Bethesda. Con-

siderable progress has been made in the non-surgical treatment of esophageal strictures using a variety of dilating techniques. There has been an increased interest in the production of a movie entitled "Dirty Needle Hepatitis".

c. It is hoped that this combined clinical and research approach will encourage more interest by medical students and physicians in gastroenterology and the comprehensive medical training available at Bethesda.

d. Significant accomplishments 1 July 1971 - 30 June 1972.

(1) Medical exhibit entitled "Medical Complications of Parental Drug Abuse" along with a movie on dirty needle hepatitis.

(2) Dr. William M. Lukash was the guest speaker at the AMA Awards Banquet in San Francisco.

(3) Snare biopsy of sigmoid polyps performed with colonoscope has increased therapeutic capability in this area.

(4) Visiting professor in conjunction with the Surgical Department, 9-10 June with Dr. J. E. Kirsner, Professor of Medicine at University of Chicago. The symposium proved to be very successful with outstanding attendance.

(5) Motility laboratory fully equipped and functioning with complete esophageal study.

(6) Book authored by Dr. Lukash and staff on Systemic Complications of Inflammatory Bowel Disease is making significant progress.

#### 6. Hematology Branch

a. Clinical - Supervised the management and evaluation of

patients with hematologic and malignant neoplastic disease. This was done by means of consultative services for inpatients and direct patient care for the outpatients.

Patient population - 12-30 inpatient census  
550 outpatient visits monthly

(Approximately 75% of inpatients and 55% of outpatients are those with malignancies.)

b. Research - Emphasis was on clinical use of chemotherapeutic approach to malignancies as well as immunologic investigation of them.

Investigation was on going in coagulation with special reference to platelet function, hypercoagulability and fibrinolysis.

c. Teaching - Approved, in addition to fellowship program and house officer rotation, for elective in hematology and ambulatory medicine for Georgetown University medical students.

d. Additional activity - Joint participation in Bone Marrow Transplantation and cell separator program of NMRI.

e. Special Studies - virtually complete coagulation test of factor analysis, fibrinolysis, and platelet function were performed.

#### 7. Renal Branch

In general, the academic year, July, 1971 to June 1972, saw the development of the Renal Branch as a major independent teaching service of the Department of Medicine. Pertinent facts include the following:

a. Each month during this year, an intern or resident has rotated through the Renal Branch;

b. Between fifteen to twenty consultations were answered each month by the Branch;

c. An average of two renal biopsies were performed each month;

d. The population of the renal clinic increased by 25 percent when compared to previous years;

e. The dialysis section performed over 500 dialyses in this time period, an increase of more than 300 percent when compared to the previous year;

f. A home dialysis training program was instituted with two patients presently on home dialysis;

g. Two living related donor kidney transplants were performed during this year, one by the newly founded organ transplantation service at this institution. Both recipients are doing well.

#### 8. Rheumatology Branch

a. The year 1971-72 saw Doctors Sylvester and Graybiel depart, and the Rheumatology Branch taken over by Doctors Van Valkenburgh and Scher. The third and last but important member was HM2 David Stemple whose clerical and laboratory work was indispensable.

b. The Rheumatology Branch is primarily outpatient oriented, seeing between 250 to 300 patients each month and over 3,000 patients every year. Specialty clinics within the Branch include at

present a Gold Clinic which meets weekly and accommodates 20 to 30 patients, and a Friday morning clinic which is reserved for urgent consults and special problems in diagnosis or management.

c. Three meetings on rheumatology questions take place each month: one general rheumatology meeting, primarily directed to internists, and two Rheumatology/Orthopedics meetings where questions relating to physical and surgical rehabilitation are discussed. For a number of times during the latter conferences, Dr. Leon Sokoloff from NIH gave lectures on basic physiology of cartilage and ground substance.

d. A number of interesting connective tissue cases are generated by inpatient consults, which have been running between six to ten each week. Rounds are made regularly on these patients, all of whom provide the strongest source of teaching material for the branch.

e. The branch has active affiliation with Georgetown University and NIH. Doctors Anthony Sliwinski and Paul Alepa from Georgetown have given consultant rounds and/or lectures, and Dr. John Decker from NIH has come in for consultation several times on problem cases. Our branch attends bimonthly journal club and weekly grand rounds at Georgetown. A "Joint Club" meeting is held every other month at NIH, and seven or eight times a year the D. C. Rheumatism Association meets. These functions are part of the educational and teaching program.

f. Dr. Van Valkenburgh attended the annual session of the American Rheumatism Association in Dallas in June. Dr. Scher has been active in immunology research in addition to his clinical responsibilities. He has collected some basic data on the antibody response in mice to nucleic acids, and is shortly to begin work on the human response (immune response gene) to synthetic polypeptides.

g. The branch is anxious to occupy its new spaces on Ward 6B. Ground work will begin in July 1972, and we hope to be ready to begin work there in the fall. We hope to receive a new set of teaching slides (over 400) in clinical rheumatology this fall, and we look forward to having two residents rotate through our branch in the coming year.

E. NEUROLOGY SERVICE

1. The Neurology Staff remained unchanged during the report period.

2. The residency training program in Neurology has continued to develop. An ongoing program in basic neurologic science education consisted of a two week seminar conducted by Robert McMasters, M.D. In 1971, Michael Maline, M. D. conducted a five week seminar in biochemistry of the central nervous system, and February, May 1971 Sean O'Rielly, M.D. conducted a nine part seminar in Metabolic processes of central nervous system. Members of the department participated in a weekly seminar at the Armed Forces Radiobiology Research Institute in selected neuroscience topics.

Two residents have been accepted to begin training in July 1972.

3. Departmental honors included CDR Brannon's appointment to the American Academy of Neurology's committee on Neurology in Government Service and CDR Brannon's election as associate member of the American Electroencephalograph Society.

4. Departmental Activities:

CDR Brannon and CDR Diamond served as faculty for the Physicians Aid Screener course on two occasions.

CDR Brannon served as chairman of a BUMED sponsored workshop on training of EEG technicians, as a committee member in the Technomics survey, and as a faculty member for the 1971 current concepts in medicine course.

CDR Diamond served as a committee member in the Technomics survey.

The department was represented at the following meetings and courses:

A course in Mental Retardation sponsored by NIMH in Boston, Massachusetts.

A symposium on the Pharmacology of Anticonvulsant Drugs in Phoenix, Arizona, the annual meeting of the American Epilepsy Society, Association for Research in Nervous and Mental Diseases, the American Academy of Neurology and the American Neurological Association.

HM3 Leslie Swafford of the EEG Department attended a workshop of EEG Technology and the meeting of the American EEG Technician's Society.

Medical students from Georgetown and Howard University medical schools spent elective time on the Neurology Service. Arrangements with Georgetown have been made to have junior and senior medical students rotate on a regular basis for their Clinical Neurology.

There were 350 admissions to the Neurology Service during calendar year 1971. During 1972 January through June there have been 200 admissions. Approximately 850 electroencephalograms have been performed and approximately 3700 patients have visited the Neurology Clinic.

Research projects in collaboration with the Special Projects Branch NINDS and the Obstetrics and Gynecology Service have begun. One project in collaboration with the U. S. Naval Academy has been partially completed and plans have been made to extend this during the coming year. Two projects to evaluate the ability to establish the diagnosis of epilepsy are underway within the department.

F. NEUROSURGERY SERVICE

1. In October, 1971, the Bureau of Medicine and Surgery decided to initiate an effort to implement a Neurosurgical Residency Training Program at Naval Hospital, Bethesda.
2. In order to provide sufficient staffing during the developmental phases of the training program, a fourth staff neurosurgeon joined the Neurosurgery Service.
3. Surgical operative statistics of the service in October, 1971, indicated that clinical material was barely adequate to meet the minimal requirements for residency program approval by the Board of Neurosurgery. In order to improve this situation, a series of programs on broad and general neurological topics were arranged and delivered by CDR C. B. EARLY, MC, USN, at many of the Navy and Air Force Medical Facilities in the East Coast region, including:
  - (a) U. S. Naval Dispensary, Bainbridge, Maryland
  - (b) U. S. Air Force Hospital, Dover, Delaware
  - (c) U. S. Naval Hospital, Annapolis, Maryland
  - (d) U. S. Naval Hospital, Patuxent River, Maryland
  - (e) U. S. Naval Hospital, Quantico, Virginia
  - (f) U. S. Air Force Hospital, Myrtle Beach, South Carolina
  - (g) U. S. Naval Hospital, Jacksonville, Florida
  - (h) U. S. Naval Hospital, Orlando, Florida
  - (i) U. S. Naval Hospital, Pensacola, Florida
  - (j) U. S. Air Force Hospital, Homestead, Florida

Accompanying Dr. Early on most of these visits was CDR W. L. Brannon, MC, USN, Chief of the Neurology Service.

4. Initial review of surgical operative statistics since the presentation of programs cited in paragraph 3 indicated that major operative surgical cases have increased by approximately 25%. The types of cases making up this increase has consisted mainly of brain tumors, aneurysms and arterio-venous malformation - precisely the types of cases most necessary for residency program approval.

5. Plans have been formulated for relocation of the neurosurgery office spaces to the ground level of building 8. Construction of this is scheduled for the first quarter of Fiscal Year 1973. This space is to consist of four doctors offices, a secretarial and clerical office, and a microsurgery laboratory. Also included in the construction are a conference room and resident's study room, to be used jointly by the Neurology and Neurosurgery Departments. Concurrently, certain of the Neurology Service spaces are to be remodeled to provide better facilities for EEG and EMG studies.

6. A research program has been initiated, and spaces have been acquired in the Armed Forces Radiobiological Research Institute building to conduct this work. Projects underway are:

- (a) TRANSVENTRICULAR HYPOPHYSECTOMY. C. B. Early and J. Sode.
- (b) INTRACRANIAL VASOSPASM. B. L. Rish.
- (c) MICROSURGICAL INTRACRANIAL VASCULAR REPAIR AND AUTOGENOUS SHUNTING TECHNIQUES. B. L. Rish.

7. Acquisition of adequate equipment to allow microsurgical technique to be used in the operating room has added a new dimension to the surgical procedures. Three staff members have attended a symposium on micro-neuro-surgery. Additional equipment is to be obtained in the near future to make the service fully capable in this area.

8. An enchoencephalograph was put into service during this reporting period.

9. Major neurosurgical operative procedures for the twelve month period ending 30 June 1972 totalled 192. The effect of the programs cited in paragraph 3 in improving referrals is apparent when it is noted that 83 of the procedures were performed in the last one-third of the reporting period, after the cited programs. This would, of course, comprise an annual case rate of 249.

10. During the period covered by this report, the following visiting professors presented programs on topics as listed below.

(a) Ross H. Miller, M. D., Department of Neurologic Surgery, Mayo Clinic, Rochester, Minnesota, 24 and 25 September 1971. Topics: "The Diagnosis and Management of Brain Tumors in Children" and "The Differential Diagnosis and Management of Lumbar Disc Disease and Spinal Cord Tumors."

(b) Thomas W. Langfitt, M. D., Division of Neurosurgery, Hospital of the University of Pennsylvania, Philadelphia, 11 and 12 February 1972. Topics: "Basic Concepts of Intracranial Pressure and Brain Edema" and "Intracranial Pressure, Regional Cerebral Blood Flow, and Metabolism in Comatose Patients."

(c) William E. Hunt, M. D., Division of Neurological Surgery, The Ohio State University Hospitals, Columbus, Ohio, 28 and 29 April 1972.  
Topics: "The Physiology and Pathology of Cerebrocirculation" and  
"Clinical Considerations in the Management of Hemodynamic Crisis in the  
Brain."

G. NURSING SERVICE

(1) The Nurse Corps billet allowance is 120. The on-board number of Nurse Corps Officers increased to 133 in November 1971, and dropped to 119 in June 1972. There were 52 detachments (24 RADs, 28 Transfers, including 4 for full time duty under instruction - 3 at the University of Maryland and 1 at George Washington University (Medical School, NNMC Anesthesia program). Fifty-nine officers reported aboard (46 from Newport, Rhode Island). There were ten (10) requests for augmentation and 23 requests for extensions.

(2) Civilian Nursing Personnel: The allowance for civilian RNs is 84. The allowance for Nursing Assistants 75. The on-board number of professional nurses is 74 full time and 6 part time. The on-board number Nursing Assistants is 69 (31 LPNs and 38 nursing assistants.)

(3) The on-board number of ward clerks has decreased to a total of four (4).

(4) In July 1971, Miss M. Herlitz a nurse from Sweden was a guest of Nursing Service, touring the hospital, observing in special areas.

(5) On 12 August 1971, the Chief, Nursing Service, area supervisors, and a portion of the staff attended Ribbon Cutting Ceremony for the new ICU Unit located on 7B. The New Unit is staffed with 25 nurses (1 civilian) and 26 Hospital Corpsmen.

(6) From 16-20 August 1971, LTJG D. LYONS, NC, USN and LTJG C. SIMPSON, NC, USNR attended the Medical Nursing Symposium at the Naval Medical School, NNMC.

(7) On 17 August 1971, the Nursing Office moved back to its original location, Room 124, Building#1, Naval Hospital, NNMC.

(8) On 17 August 1971, Mrs. Koons, a nurse from Ventura, California, was a guest of Nursing Service, touring the hospital spaces.

(9) On 20 August 1971, CDR H. MC CREE, NC, USNR attended a concert on the lawn of Admiral and Mrs. Zumwalt.

(10) From 30 August to 3 September 1971, LTJG E. HAYNES, NC, USNR attended a Retention Study meeting in Washington, D. C.

(11) LT F. FABIANI, NC, USNR gave a Navy Nurse Corps Briefing to students from Leland Junior High School on 8 September 1971.

(12) On 9 September 1971, LCDR B. Harding, NC, USN attended the Joint Session of Congress. President Nixon made the address.

(13) On 10 September 1971, Captain A. R. REILLY, NC, USN, Chief, Nursing Service, attended a conference with the CORE Study Team.

(14) On 11 September 1971, two nursing Nuns from Carbondale, Pennsylvania, were guest of the Nursing Service, touring the Intensive Care Unit and open Military wards.

(15) From 13-15 September 1971, Captain A. R. REILLY, NC, USN, attended the Chief nurses' Conference at the Naval Medical School, NNMC.

(16) On 13 September 1971, forty nurses from the staff attended a lecture by Dr. Esther L. Brown at the Commissioned Officer's Mess (Open), NNMC.

(17) On 24 September 1971, a candidate student from S. W. La., Mr. Swallow and wife toured hospital spaces. Miss M. Wittlecamp, a RN from Missesota, also toured the Hospital.

(18) On 27 September 1971, Captain A. REILLY, NC, USN, was a guest speaker at NSCHA, NNMC.

(19) On 1 October 1971, LT. F. FABINIANI, NC, USNR, LT N. POCOCK, NC, USNR, and LT. S. ALBERT, NC, USNR attended and participated in a walk-through rehearsal for the Navy Nurse Corps Uniforms (new and old) fashion show.

(20) On 5 October 1971, LT F. FABIANI, NC, USNR, LT N. POCOCK, NC USNR, and LT S. ALBERT, NC, USNR modeled the new and old Navy Nurse Corps uniforms at the Pentagon, Washington, D. C.

(21) On 6 October 1971, LT. S. ALBERT, NC, USNR attended Uniform Meeting in Arlington Annex.

(22) From 12-16 October 1971, LTJG R. STASKO, NC, USNR attended a Coronary Care Workshop in St. Petersburg, Florida.

(23) On 14 October 1971, LTJG D. BELANGER, NC, USNR, LTJG M. COLDREN, NC, USNR, and LTJG N. HALLEY, NC, USNR attended a workshop on Drug Intervention in Nursing at the Holiday Inn, Silver Spring, Maryland.

(24) On 14 October 1971, Miss Rapp, RN, from University Hospital in Baltimore, Maryland, was a guest of the Nursing Service, touring the Hospital spaces. Miss Rapp is prospective Navy Nurse Corps Officer.

(25) From 19-22 October 1971, CDR M. SHEMANSKI and LCDR D. ANDERSON, NC, USN served on the Augmentation Board, Washington, D. C.

(26) On 28 October 1971, LT F. FABIANI, NC, USNR lectured 24 high school students from Garfield High School, Woodbridge, Virginia on the Navy Nurse.

(27) On 4 November 1971, Captain A. R. REILLY, NC, USN, met with the Acting Dean and two instructors from Columbia Union College Nursing Department.

(28) From 11 - 14 November 1971, LTJG V. POOLE, NC, USNR attended a Recruiting Conference in Kansas.

(29) On 18 November 1971, 24 Nursing Assistants and LPNs from Naval Hospital, Bethesda began a five (5) week course given by Montgomery College here at NNMC on "How to Study".

(30) On 22 November 1971, CDR E. JONES, NC, USN, CDR H. McCREE, NC, USNR, CDR B. SLATTER, NC, USN, LCDR M. BOGDANSKI, NC, USN, LCDR L. SHEEHAN, NC USN, LT A SCHLOSS, NC, USNR, LT K. RYAN, NC, USNR, LRJG BREEDING, NC, USN, LTJG D. LYONS, NC, USN, and Miss J. Wilson, RN attended the ANA Symposium at the Statler Hilton Hotel in Washington, D. C.

(31) On 7 December 1971, 24 Nurse Corps Officers attended the Military Surgeons Conference at the Statler Hilton Hotel, Washington, D. C.

(32) On 29 December 1971, Miss Fagen, a Nurse Corps Candidate student from Denver, Colorado and a friend, Miss Butler toured hospital spaces.

(33) From 4-7 January 1972, CDR M. SHEMANSKI, NC, USN and LCDR D. ANDERSON, NC, USN served on the Augmentation Board.

(34) From 18 January to 31 March 1972, CDR F. SHEA, NC, USN and CDR H. FURMANCHIK, NC, USN and CDR B. SLATTER, NC, USN attended a course on "Contemporary Trends of Nursing" at the Catholic University, Washington, D. C.

(35) On 20 January 1972, LT B. FLURY, NC, USN and LTJG J. YARMALA, NC, USNR attended a Cancer Society meeting "Death and Dying", Elks Lodge, Fairfax, Virginia.

(36) From 21 to 23 January 1972, CDR M. SURMAN, NC, USN attended the Council of Presidents of National Womens Organizations at Disneyland, Florida on TAD orders.

(37) From 24 to 28 January 1972, LTJG V. POOLE, NC, USNR, LCDR J. HARRINGTON, NC, USNR, and ENS M. SMITH, NC, USNR attended the Surgical Nursing Symposium at the Naval Medical School, NNMN.

(38) From 24 - 27 January 1972, LCDR M. DUNPHY, NC, USNR attended a Quality Control Board Meeting at NMRI, NNMN.

(39) From 31 January to 3 February 1972, LCDR E. NELSON, NC, USNR and LCDR D. STENDER, NC, USN attended the AORN Convention in Houston, Texas.

(40) In February 1972, the Renal Transplant Unit was opened on T8, staffed with five (5) Navy Nurse Corps Officers.

(41) From 7 - 18 February 1972, ENS D. MICHAEL, NC, USNR and ENS A. CINQUEGRANA, NC, USNR attended the Coronary Care Workshop at the Naval Medical School, NNMN.

(42) On 9 February 1972, LCDR M. YOUNG, NC, USN, LCDR F. CRUMPTON, NC, USN, CDR E. JONES, NC, USN, CDR B. SLATER, NC, USN, CDR M. SURMAN, NC, USN and LTJG G. SPARAGNA, NC, USNR attended a "Leadership" Symposium at the Naval Hospital Annapolis.

(43) On 12 February 1972, LT P. COFFIN, NC, USN attended a Neurosurgery Symposium, Building 1, NNMN.

(44) From 15 - 16 February 1972, LCDR K. GARLUTZO, NC, USN attended "The Dying Patient" workshop at the School of Nursing, University of New York at Buffalo.

(45) From 20 - 23 February 1972, LT E. WOERNER, NC, USNR was the recipient of the George Washington Honor Medal and \$100.00 in the Freedom Foundation Essay Contest at Valley Forge, Pennsylvania.

(46) On 16 February 1972, CDR E. HESTON, NC, USNR and CDR M. SHEMANSKI, NC, USN attended a Hospital Accreditation meeting at Walter Reed Army Medical Center, Washington, D. C.

(47) On 23 February 1972, Four nurses from the Dialysis Unit attended a Renal Symposium sponsored by the Kidney Foundation at the Statler Hilton Hotel, Washington, D. C.

(48) On 13 March 1972, LT F. FABIANT, NC, USNR lectured to 17 students from Steneridge School, Bethesda, Maryland on the Navy Nurse.

(49) From 13 - 17 March 1972, LCDR K. GARLUTZO, NC, USN, LT E. WOERNER, NC, USNR and ENS E. WARD, NC, USNR attended a Rehabilitation Nursing Workshop at the Naval Medical School, NNMN.

(50) On 14 March 1972, LT F. FABIANI, NC, USNR lectured to 17 students from Stoneridge School, Bethesda, Md. on "The Navy Nurse."

(51) On 14 March 1972, Mrs. Chatterjee, a nurse from India, visited the ICU.

(52) on 21 March 1972, two nurses from Fairfax Hospital in Virginia visited and observed Open Heart Surgery.

(53) On 22 March 1972, five Nurse Corps Officers and four Corpsmen received Coronary Care Certificates from the Commanding Officer, NH.

(54) On 27 March 1972, LTJG P. BREEDING, NC, USNR was augmented to Regular Navy.

(55) On 27 March 1972, Col. Roulston and Major Ader from Walter Reed Army Medical Center toured hospital spaces.

(56) On 28 March 1972, Two students from South Carolina toured hospital spaces.

(57) On 6 April 1972, Captain A. R. REILLY, NC, USN held a Nursing Service Critique with the Nursing Department of Columbia Union College, Elkemo Park, Maryland

(58) On 7 April 1972, 37 students from Clearfield Area School, Clearfield, Pennsylvania toured hospital spaces.

(59) On 12 April 1972, Miss Wynne, a nurse from England, was a guest of Nursing Service touring the hospital.

(60) On 13 and 14 April 1972, the 8th graders from Stoneridge School, Bethesda, Md. toured hospital spaces.

(61) On 18 April 1972, The Future Nurses Unit of America from Spring Grove School, York, Pa. toured hospital spaces.

(62) On 21 April 1972, ten RNs from Pittsburgh, Pa. toured hospital spaces.

(63) From 1 - 5 May 1972, CAPT A. R. REILLY, NC, USN, CDR F. JONES, NC, USN, LCDR M. BOGDANSKI, NC, USN, LT B MENCIR, NC, USNR, LTJG C. CROWDER, NC, USNR and ENS L. GLASS, NC, USNR attended the American Nurses Convention in Detroit, Michigan on TAD orders.

(64) On 28 April 1972, ENS L. GLASS, NC, USNR attended the Student Nurses Convention in Detroit, Michigan.

(65) On 11 May 1972, a special Mass was said in the Catholic Chapel for the Navy Nurse Corps Anniversary.

(66) On 19 May 1972, the Nurse Corps Officers of Bethesda celebrated their 64th Anniversary at the Commissioned Officers Mess (Open) from 1900 - 2100.

(67) On 21 May 1972, LCDR K. GARLUTZO, NC, USN, ENS S. GAERTNER, NC, USNR, ENS M. SMITH, NC, USNR, ENS S. PAJOR, NC, USNR and ENS C. PICCHI, NC, USNR represented the Navy Nurse Corps at the 45th Annual Jane A. Delano Wreath Laying Ceremony at Arlington National Cemetery.

(68) On 1 June 1972, CDR H. FURMANCHIK, NC, USN and HN GEBHART, USN and HN RIZZO, USN attended the President's Joint Session of Congress speech at the Capitol Building, Washington, D. C.

(69) On 8 June 1972, CDR B. SLATER, NC, USN attended a workshop on "Controlling Nursing Costs" at the Marriott Motor Hotel in Philadelphia, Pa.

(70) On 11 June 1972, CDR F. SHEA, NC, USN, represented the Chief, Nursing Service at the JANGO capping ceremony.

(71) From 12 - 16 June 1972, LCDR M. DUNPHY, NC, USNR and LCDR L. RYAN, NC, USNR attended a workshop on "Improved Patient Care Through Effective Leadership" at the Naval Medical School, NNMC.

(72) On 14 June 1972, four Navy nurses attending the Leadership Workshop at Medical School, NNMC, toured the Outpatient Department.

(73) On 29 June 1972, two civilian nurses from Fairfax, Va. observed the Cardiac Surgical Unit.

(74) On 29 June 1972, Miss Betts, a Nurse Corps Candidate student from Atlanta, Georgia was a guest of the Nursing Service touring the hospital spaces.

NAVAL HOSPITAL  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND 20014

NURSING SERVICE

Professional Meetings and Workshops attended in Fiscal Year 1972.

<u>Name</u>	<u>Title of Workshop, etc.</u>	<u>Sponsor</u>	<u>Place</u>	<u>Dates</u>	<u>Type of Orders</u>
CDR E. HESTON (Guest Speaker)	Physicians Screening Conference "The Nurse in OPD"	NavMed School	NNMC	8/17/71	None
LT S. ALBERT LTJG L. BECKETT LTJG R. STASKO (Guest Speakers)	Coronary Heart Disease Implications for Nursing	NavMed School	NNMC	8/16-17/71	None
LTJG P. DAIGE	Acute Respiratory Disease	NavMed School	NNMC	8/17/71	None
LTJG P DAIGE	LIFE Island	NavMed School	NNMC	8/19/71	None
LTJG M WHELAN ENS P MONTECALVO	Dialysis	NavMed School	NNMC	8/19/71	None
LCDR K. GARLUTZO LCDR K. CAMPEN (Guest Speakers)	The Right to Die	NavMed School	NNMC	8/19/71	None
LTJG D. LYONS LTJG C. STIMPSON	Medical Nursing	BuPers	NNMC	8/16-20/71	Author.
LTJG R. HAYNES	Retention Study Group	BuPers	Arlington, Va.	8/30-9/2/71	Author.
MAJ J. PULLEY	Director's Conference for Chief & Senior Nurse Corps Officers	BuMed	NNMC	9/13-15/71	Author.

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<u>Name</u>	<u>Title of Workshop, etc.</u>	<u>Sponsor</u>	<u>Place</u>	<u>Dates</u>	<u>Type of Orders</u>
CDR M. SHEMANSKI	Lecture by: Dr. Esther	BuMed	NNMC (COM (C))	9/13/71	None
CDR E. JONES	Lucille Brown at the				
CDR E. HESTON	Director's Conference				
CDR H. McCREE					
CDR F. SHEA					
CDR B. SLATER					
LCDR M. SURMAN					
LCDR L. SHEREHAN					
LCDR M. YOUNG					
LCDR M. ALLRED					
LCDR F. CRUMPTON					
LCDR L. BELL					
LT. E. WOERNER					
LT B. FLURY					
LTJG G. SPARAGNA					
LTJG D. SAXE					
LTJG E. SPEER					
LTJG R. STASKO					
LTJG C. WARD					
LTJG B. FAULKNER					
ENS P. FITZGERALD					
ENS E. MULLER					
ENS E. CLARK					
ENS M. MALADY					
ENS P. MAINOUS					
ENS J. JUNG					
ENS P. MOREHOUSE					
ENS P. MONTECALVO					
ENS M. FITZGERALD					
ENS I. WHITE					
ENS P. J. WILSON					
ENS J. P. COOK					
ENS J. M. COOK					
ENS J. COOK					
ENS J. COOK					

TR-51

Name	Title of Workshop, etc.	Sponsor	Place	Dates	Type of Orders
LCDR L. SHEEHAN LTJG K. BROWN LTJG G. SPARAGNA	Gestalt Therapy Approach by LCDR L. ACORD, MSC	Psy. Div. NH, NNMIC	NHBETH	9/14/71	None
LCDR M. SURMAN LCDR L. SHEEHAN	Pt. presentation & Schizophrenia Discussion Dr. L. Mosher, M. D.	Psy. Div. NH, NNMIC	NHBETH	9/23/71	None
LCDR L. BELL	Dale Carnegie Course in Communication, Leadership and Motivation	Dale Carnegie Institute	Silver Spring Maryland	Sept 71 14 weeks	None
LTJG N. HALLEY LTJG D. BELANGER LTJG M. COLDREN	Drug Abuse	D.C. Nurses Association	Silver Spring Maryland	10/14/71	Author. H-52
LTJG D. SAXE LCDR P. FELLENZ LCDR M. SURMAN LTJG M. COLDREN	Patient Presentation & Schizophrenia Discussion	Psy. Div. NH, NNMIC	NHBETH	10/7/71	None
LTJG R. STASKO	Coronary Care Workshop	BuMed	St. Petersburg Florida	10/12-16/71	TAD
LCDR M. SURMAN LCDR L. SHEEHAN LTJG D. BELANGER	Treatment of Mental Patients with the Use of Para Professionals Dr. Mosher	Psy. Div. NH, NNMIC	NHBETH	10/21/71	None
CDR B. SLATER LCDR K. GARLUTZO LTJG P. MUSE LCDR J. GALE LCDR V. SHREIBER LCDR M. A. TRIVIA LCDR L. FRIEDMAN LCDR P. WIGGINS	SIT RAP Adm. Zumwall movies on Leadership, Drug Abuse and Minority Affairs	CNO	NHBETH	10/21/71	None

<u>NAME</u>	<u>Title of Workshop, etc.</u>	<u>Sponsor</u>	<u>Place</u>	<u>Dates</u>	<u>Type of Orders</u>
LTJG M. WHELAN ENS P. BENDER ENS M. HOPLER	SIT RAP	CNO	NHBETH	10/21/71	None
ENS H. VANSLOOTEN LTJG N HALLEY LTJG M. COLDREN LTJG D. SAXE	A Way of Caring	NIH Psychiatric Nursing Service	NIH	10/27/71	None
ENS J. SLOAT ENS L. WHITE ENS M. FITZGERALD	The Nurse & the Patient with a Coronary	Frederick County Heart Association	Ft. Detrick Frederick, Md.	10/27/71	None
LCDR B. HARDING LCDR M. SURMAN LCDR L. SHEEHAN LTJG D. SAXE LTJG K. BROWN LTJG H. VANSLOOTEN	Job Analysis Conference Family Group Interview	BuMed Psy. Div. NH, NNMC	NMRI NHBETH	11/4-5/71 11/4/71	Author. H
LTJG V. POOLE	Naval District Recruiting Conference	BuPers	Kansas	11/11-14/71	TAD
CDR H. MCCREE CDR E. JONES CDR B. SLATER LCDR M. BOGDANSKI LCDR L. SHEEHAN LT K. RYAN LT A. SCHLOSS LTJG D. LYNG LTJG F. GRIFFIN LT. WILSON, Jr.	ANA Convention Symposium	ANA	Statler Hilton Hotel, Wash, D.C.	11/22/71	Author.

<u>Name</u>	<u>Title of Workshop, etc.</u>	<u>Sponsor</u>	<u>Place</u>	<u>Dates</u>	<u>Type of Orders</u>
ENS M. FITZGERALD	Coronary Care Course	Med School	NNMC	12/6-17/71	None
ENS L. WHITE					
ENS P. MOREHOUSE					
ENS M. HANEY					
LTJG S. VARANO					
ENS K. MILLER					
ENS J. COATHERN					
LTJG M. HACKETT					
LTJG J. YARMALA					
LT S. ALBERT					
LCDR M. YOUNG	Surgeon General's Conference	BuMed	Statler Hilton	12/7/71	Author.
LT A. KONDASH		Nursing Division	Hotel		
LCDR J. MILLER					
ENS P. POOL					
ENS S. GAERTNER					
LTJG P. BREEDING					
LTJG H. VANSLOOTEN					
ENS P. FITZGERALD					
LTJG M. COLDREN					
LT F. FABIANI					
LCDR M. BOGDANSKI					
ENS G. SCARPACE					
LT M. SINNOTT					
CDR L. MERRITT					
LTJG J. JUNG					
LTJG T. MUSE					
ENS L. GLASS					
ENS E. MILLER					
ENS D. KADLEC					
LCDR D. STANDER					
LT F. SHEA					
CDR H. PURMANCHIK					
LCDR L. SHIRHAN					
MAJ W. FIDDLE					

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Name	Title of Workshop, etc.	Sponsor	Place	Dates	Type of Orders
LCDR B. HARDING	Quality Control Board Research Panel "General Duty Corpsmen"	BuMed	NMRI	12/13-16/71	Author.
LT M. SATTAZAHN	Coronary Bypass Graphs	NIH	NIH	1/4/72	None
LT B. MENCIK					
LTJG M. HACKETT					
ENS C. CROWDER					
LCDR L. SHENKAN	Quality Control Board NP Technician	BuMed	NMRI	1/10-12/72	Author.
LT B. FLURY	Death & Dying Dr. Kubler Ross	Cancer Society	Elks Lodge Fairfax, Va.	1/19/72	None
LTJG J. YARMALA					
LCDR M. SURMAN	Council of Presidents of National Women's Organizations	Dept of Trans	Orlando, Fla.	1/21-23/72	TAD
LTJG V. POOLE	Surgical Nursing Symposium	NavMed School	NNMC	1/24-28/72	Author
LTJG J. HARRINGTON					
ENS M. SMITH					
LT B. MENCIK	Surgical Nursing Symposium	NavMed School	NNMC	1/24/72	None
LTJG P. MAINOUS					
LCDR F. CRUMPTON	Surgical Nursing	NavMed School	"	1/25-28/72	None
ENS N. RIDDLE	"	"	"	1/25/72	None
ENS R. KYNARD	"	"	"	1/24 & 27	None
LTJG V. FORD	"	"	"	1/24/72	None
ENS L. GAGNON	"	"	"	1/25/72	None
LTJG J. MURRAY	"	"	"	1/26/72	None
ENS P. POOL	"	"	"	1/27/72	None
ENS J. POWERS					
ENS C. CROWDER					

<u>Name</u>	<u>Title of Workshop, etc.</u>	<u>Sponsor</u>	<u>Place</u>	<u>Dates</u>	<u>Type of Orders</u>
LCDR A. McCaughey LTJG S. COLE (Instructors)	Surgical Nursing Symposium	NavMed School	NNMC	1/24-27/72	None
LCDR M. DUNPHY	Quality Control Board	BuMed	NMRI	1/27/72	Author.
LCDR E. NELSON LCDR D. STENDER	AORN Convention	AORN	Houston, Texas	1/31 - 2/3/72	TAD
LT S. ALBERT (Instructor)	Coronary Care Course	NavMed School	NNMC	2/7-18/72	Author.
ENS A. CINQUEGRANA ENS D. MICHAEL	Coronary Care Course	"	"	"	Author.
LT B. COFFIN	Neurosurgery Symposium	NHBeth	NNMC	2/11-12/72	None
CDR E. JONES CDR B. SLATER CDR M. SURMAN LCDR M. YOUNG LTJG G. SPARAGNA LCDR F. CRUMPTON	Leadership Symposium	NH Ana	Annapolis	2/9/72	None
LCDR K. GARLUTZO	The Dying Patient	Sch of Nsg. Univ of N.Y.	Buffalo N.Y.	2/15-16/72	TAD
CDR E. HESTON CDR M. SHEMANSKI	Hospital Accreditation	Walter Reed Army Medical Center	Walter Reed	2/16/72	Author.

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<u>Name</u>	<u>Title of Workshop, etc.</u>	<u>Sponsor</u>	<u>Place</u>	<u>Dates</u>	<u>Type of Orders</u>
LTJG P. MAINOUS ENS M. FITZGERALD LTJG M. WHELAN	Renal Symposium	Kidney Found. of Washington	Statler Hilton Hotel, Wash. D.C.	2/23/72	Author.
LCDR K. GARLUTZO LT E. WOERNER ENS E. WARD	Rehabilitation Nursing Workshop	BuMed	NNMC	3-13-17/72	Author.
LTJG J. YARMALA LTJG P. ALWAY LTJG B. BEVERIDGE	Rehab Nursing Workshop	BuMed	NNMC	3/14/72	None
LTJG D. JONES LTJG K. BOVA	Coronary Patient is a Person	Montgomery County Heart Association	Bethesda, Md. Holiday Inn	3/15/72	Author.
LT A. KONDASH	Action Care Service	American Cancer Society	Silver Spring Holiday Inn	3/22/72	None
LTJG C. CROWDER LTJG R. DEW LTJG B. BEVERIDGE ENS M. SMITH LT B. COFFIN ENS P. MONTECALVO ENS P. MOREHOUSE ENS L. WHITE	Cardiac Symposium for Nurses	Heart Assoc. of N. Va., Inc.	Arlington, Va.	3/23/72	None
LTJG F. ZIMMERMAN	Southeastern Surgical Conference	S.E. Surg. Conf.	Shoreham Hotel Wash., D.C.	3/27-30/72	Author.

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<u>Name</u>	<u>Title of Workshop, etc.</u>	<u>Sponsor</u>	<u>Place</u>	<u>Dates</u>	<u>Type of Orders</u>
LCDR L. SHEEHAN LTJG P. FITZGERALD	Psychiatric Nurse as a Charge Agent	Pa. Nurses Assoc.	Harrisburg, Pa.	4/6-7/72	TAD
LTJG G. PERTEKEL LTJG P. ALWAY ENS S. FORSTER LTJG S. VARANO ENS R. SIEGEL	Respiratory Care Conference	Potomac TB Assoc.	Fairfax, Va.	4/12/72	Author.
LCDR M. PARRELL	Institute for Management of Nursing Service for Middle Managers	American Hospital Assoc.	Richmond, Va.	4/18-20/72	TAD
LTJG C. CROWDER ENS P. POOL	Inservice Education Workshop	BuMed	NavMed School NNMIC	4/25-28/72	None
CDR L. MERRITT	Management Techniques for Hospital Supervisors	American Hospital Assoc.	Philadelphia Pa.	4/27-28/72	TAD
ENS L. GLASS CAPT A. R. REILLY CDR E. JONES LCDR M. BOGDANSKI LT B. MENCIK LTJG C. CROWDER ENS L. GLASS	Student's Nurses Convention American Nurses Convention	ANA ANA	Detroit, Mich. Detroit, Mich.	4/30/72 5/1-5/72	TAD TAD
ENS K. MILLER LT M. SATTAZAHN	Pulmonary Care in 1970's	American College of Chest Surgeons	Phil., Pa.	5/3-6/72	TAD
CDR E. MILLER	AORN Regional Symposium	AORN	Pittsburgh, Pa.	5/5-6/72	TAD
LCDR L. SHEEHAN	Nursing the Psychiatric Patient (Movie)	BuMed	Primos, Pa.	5/9-11/72	TAD

<u>Name</u>	<u>Title of Workshop, etc.</u>	<u>Sponsor</u>	<u>Place</u>	<u>Dates</u>	<u>Type of Orders</u>
LTJG J. YARMALA ENS R. SIEGEL	Patient Care Plans Development and Implications	D.C. General Hospital	D. C. General Hospital	5/9/72	Authori.
CDR M. SURMAN	Maryland Association of Women "Focusing on the New You"	Md. Assoc. of Women Highway Safety Leaders	Baltimore, Md.	5/10/72	Author.
CDR M. SURMAN r	Community Resources and Drug Abuse	DCNA	Holiday Inn Bethesda, Md.	5/11/72	Author
LTJG C. SIMPSON	How to Combat Drug Abuse in Society	DCNA	Bethesda, Md.	5/11/72	Author.
ENS S. GAERTNER ENS P. POOL ENS V. SHEETS	Ostomy Conference	United Ostomy Assoc.	Sheraton Silver Spring	5/13/72	Author. 9 T1-5
LTJG J. CHEEKS LTJG M. COLDREN ENS R. TRAUTMANN	Mental Health Concepts of Nursing	Walter Reed Army Medical Center	Walter Reed	5/22-26/72	Author.
LT M. HACKETT LTJG D. WARD	Annual Symposium on Critical Care	Univ of Pitts.	Pittsburg, Pa.	5/25-27/72	TAD
CDR R. BROOKS	Southerestern Surgical Conference	S.E. Surgical Society	Sheraton Hotel Wash., D. C.	5/29/72	None
LCDR L. SHEEHAN	Nursing the Psychiatric Patient (Movie)	BuMed	Primos, Pa.	5/30-31/72	TAD

<u>Name</u>	<u>Title of Workshop, etc.</u>	<u>Sponsor</u>	<u>Place</u>	<u>Dates</u>	<u>Type of Orders</u>
CDR B. SLATER	Controlling Nursing Costs	H.B. Maynard & Co.	Phil., Pa.	6/8/72	Author.
LCDR M. DUNPHY LCDR L. RYAN	Improved Patient Care Through Effective Leadership	BuMed	Med School NNMC	6/12-16/72	Author.
LCDR A. McCaughey	Leadership: "The Officer's first Responsibility	"	"	6/12/72	None
CDR E. JONES CDR B. SLATER (Participants on Panel)	Improved Patient Care Through Effective Leadership	"	"	6/13/72	None
CDR B. SLATER (Guest Speaker)	Supervisors Role in Relation to Administrative Services	"	"	6/14/72	None
LCDR D. ANDERSON	Leadership Course	"	"	6/14/72	None
LCDR A. McCaughey	Current Training Patterns of MSC	"	"	6/14/72	None
CDR E. HESTON LCDR D. ANDERSON LCDR A. McCaughey	Guidance & Counselling of Nursing Service Personnel	"	"	6/15/72	None
LCDR A. McCaughey	Report of Committee for Development of the Medication Sheet	"	"	6/15/72	None

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NAME	NO. OF COURSE	TITLE OF COURSE	NO. OF CREDITS	SCHOOL	TOTAL NO. OF WEEKS	COST
LCDR M. YOUNG	ED 283	Higher Education in U. S.	3	George Wash. Univ.	8 weeks 13 Sep to 8 Nov 71	\$162.00
LT M. SATTAZAHN	202 202	English World History	3 3	Univ of Md. College Park	12 weeks	85.00
LCDR J. MILLER	51	Statistics	3	George Wash. Univ.	12 weeks 13 Sep to 13 Dec 71	225.00
LCDR M. YOUNG	373	Junior Community College	3	George Wash. Univ.	8 weeks 15 Nov 71 to 17 Jan 72	162.00
LT M. SATTAZAHN	221	Early American History	3	Univ of Md. College Park	14 weeks 7 Feb to 23 May 72	96.00
LT M. SINNOTT		Interior Decorating Personnel	none none	Catholic Univ. Catholic Univ.	22 Feb to 22 Mar 72 31 Jan to 27 Mar 72	12.00 24.00
LT A. BRONOKOSKIE	RN50-101	Sociology	3	Montgomery College	17 Jan to 8 May 72	50.00
LTJG F. ZIMMERMAN	9.596	Comparative Mamalein Embryology	4	American Univ	24 Jan to 21 May 72	250.00
LTJG F. ZIMMERMAN	9.390	Independent Reading Study Research in Monphagenous	4	American Univ.	24 Jan to 31 May 72	250.00

NAME	NO. OF COURSE	TITLE OF COURSE	NO. OF CREDITS	SCHOOL	TOTAL NO. OF WEEKS	COST
LCDR M. YOUNG	ED 112	Educational Measurements	3	George Wash. Univ.	24 Jan to 20 Mar 72	\$162.00
LCDR M. YOUNG	ED 295	Research Methods and Procedures	3	George Wash. Univ.	27 Mar to 15 May 72	162.00
CDR F. SHEA	0001	Role of Nurse in Social Issues	-	Catholic Univ of America	28 Jan to 21 Mar 72	50.00
CDR H. FURMANCHIK	0001	Role of Nurse in Social Issues	-	Catholic Univ of America	28 Jan to 21 Mar 72	50.00
CDR B. SLATER	0001	Role of Nurse in Social Issues	-	Catholic Univ of America	28 Jan to 21 Mar 72	50.00
LTJG F. ZIMMERMAN	57.596	Psychology of Death, Suicide and Life Threatening Behavior	3	American Univ.	22 May to 16 Jun 72	250.00
LTJG F. ZIMMERMAN	33.321	International Law	3	American Univ.	19 Jun to 25 Aug 72	250.00
LCDR M. YOUNG	21.596	Workshop for Education Administration Improve Administrative Effectiveness	3	American Univ.	27 May to 17 Jun 72	240.00

NAME	NO. OF COURSE	TITLE OF COURSE	NO. OF CREDITS	SCHOOL	TOTAL NO. OF WEEKS	COST
LCDR M. YOUNG	ED 381	The Adult as a Learner	3	George Wash. Univ.	22 May to 17 July 72	\$180.00
LCDR L. SHEEHAN	101	English Composition	3	Univ of Md. College Park	07 Feb to 22 May 72	75.00
LTJG J. WHEELER	261	History of Art	3	Univ of Md. College Park	21 Jan to 22 May 1972	85.00

NAVAL HOSPITAL  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND 20014

NURSING SERVICE

Professional Meetings and Workshops attended in Fiscal Year 1972 by Civilian employees.

<u>NAME</u>	<u>Title of Workshop, etc.</u>	<u>Sponsor</u>	<u>Place</u>	<u>Dates</u>	<u>Type of Orders</u>
L. NEALIS, RN	Lecture by: Dr. Esther Lucille Brown	BuMed	COM (O)	9/13/71	None
E. HURWITZ, RN					
F. LORANGER, RN					
J. WAGGONER, RN					
E. HURWITZ, RN	Nurses Association ACOG	Md. Nurses Assoc.	Townson Md.	1/26/72	None
J. SHEFFLER, RN					
M. ANDERSON, RN	Nurses Association ACOG Planning Committee	Md. Nurses	Frederick, Md.	2/16/72	Admin/ Leave
J. SHEFFLER, RN					
J. WILSON, RN					
V. FAUTEUX, RN	A Day of Pediatric Urology	George Wash. Univ.	George Wash. Univ.	2/25/72	Admin Leave
M. ANDERSON, RN	Leadership	NH Annapolis	NH Annapolis	2/10/72	A.O.
J. WILSON, RN					
L. NEALIS, RN	Rehabilitation Workshop	BuMed	NNMC	3/14/72	None
D. DOYLE, RN					
M. CORBETT, RN	Rehab Workshop	BuMed	NNMC	3/15/72	None
L. NEALIS, RN					
D. BURELLI, RN					
V. FAUTEUX, RN					
S. CARTER, NA					
E. BARBOUR, RN					
F. SIGMON, RN					

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<u>Name</u>	<u>Title of Workshop, etc.</u>	<u>Sponsor</u>	<u>Place</u>	<u>Dates</u>	<u>Type of Orders</u>
V. FAUTEUX, RN	Urological Nurses Assoc. Seminar	Amer. Urol. Assoc.	Wash. Hilton	5/25-26/72	Admin. Leave
E. BARBOUR, RN	Ambulatory Pediatric Association Workshop	AmBu. Ped. Assoc.	Wash., D. C.	5/23/72	Admin. Leave

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## H. OBSTETRICS AND GYNECOLOGY SERVICE

1. The Obstetrics and Gynecology Service of the Naval Hospital, NNMC presently and for the past year, has utilized beds and facilities as listed below:

- (a) Tower 4 - three delivery rooms with ancillary facilities, six labor beds and 11 beds designated for ante-partum obstetrical patients, and complicated post-partum patients.
- (b) Tower 7 - 25 beds for uncomplicated post-partum patients.
- (c) Tower 5 - Newborn nursery, premature nursery, and isolation nursery, under the supervision of the Pediatric Department.
- (d) Tower 6 - 22 beds are now in use as a Gynecology in-patient ward.
- (e) Area 8-A is being used for Obstetric and Gynecology outpatient clinics.

2. Currently about 57,000 outpatients are seen by the department staff in the Naval Hospital outpatient clinics annually.

3. Approximately 105 patients are delivered monthly and there are essentially 140 Obstetric admissions and 90 Gynecologic admissions, per month. Routine obstetrical care includes necessary analgesia, anesthesia, forceps, episiotomy and all operative deliveries as indicated. Cesarean sections are routinely done in the Main Surgical Suite. Gynecologic surgery is performed in the Main Surgical Suite.

4. It is the policy of the department that as many patients as possible be followed by a single physician, both as outpatients and in-patients, for continuity of care and the maintenance of good patient-doctor relationships. Our schedule of doctor assignments is predicated on this policy.

5. Our present staff includes four board-certified and one board eligible member, eight residents (three at first-year level, three at second-year level, and two at third-year level).

6. Our Consultant Staff includes:

- (a) Paul Bruns, M.D., Professor and Chairman, Department of Obstetrics and Gynecology, Georgetown University School of Medicine, Washington, D.C.
- (b) Edward J. Dennis, M.D., Professor of Obstetrics and Gynecology, Medical College of South Carolina, Charleston, S.C.
- (c) Kermit Krantz, M.D., Ph.D., Professor and Chairman, Department of Obstetrics and Gynecology, University of Kansas, College of Medicine, Kansas City, Kansas.

(d) George W. Mitchell, Jr., M.D., Professor and Chairman, Department of Obstetrics and Gynecology, Tufts University School of Medicine, Boston, Massachusetts.

(e) James H. Nelson, Jr., M.D., Professor and Chairman, Department of Obstetrics and Gynecology, State University of New York, Brooklyn, New York.

(f) James G. Sites, M.D., Professor, George Washington University School of Medicine, Washington, D.C.

(g) Winston H. Weese, M.D., Associate Clinical Professor of Obstetrics and Gynecology, Louisiana State University School of Medicine.

(h) Frederick Zuspan, M.D., Professor and Chairman, University of Chicago and Chief attending Obstetrician-Gynecologist, Chicago Lying-in Hospital.

7. Our hospital is considered one of the East Coast referral centers for complicated obstetric and gynecological patients, as well as a cancer treatment center. We will accept any patient eligible for Navy care with a gynecologic or obstetric problem with which we can assist, as requested by referring physicians. It is our policy to keep the referring doctor fully informed of our findings and treatments and to make every attempt to return the patient to her own locality as soon as it is advisable, after completion of that part of her treatment which must be accomplished at this activity.

8. Current Investigation Studies:

(a) Clinical and Laboratory Evaluation of Diagnostic Tests for Gonorrhea - Capt F. S. Billingsley, Lt V. D. Schinski, Lt M. M. Quigley

(b) Further extension of the study in the use of estrogen in the experiment shock syndrome - Cdr R. C. Cefalo

(c) EEG changes in women taking contraceptive pills - Capt F. S. Billingsley

(d) Ovulation in menstruating women over 45 - Capt F. S. Billingsley

(e) Toxoplasmosis Gondii Survey of pregnancy population of Naval Hospital, Bethesda - Capt F. S. Billingsley, Lt D. Martin, Lt S. Ranck

(f) Statistical Analysis of diabetic pregnancies in Naval Hospitals - Capt M. Labudovich, F. Reed, Ph.D.

(g) Analysis of Navy Drug Code Data - Capt M. Labudovich, Lt S. Ranck

(h) Physical Chemical Analysis of first, second and third trimester Human Chorionic gonadotropin - Capt M. Labudovich, R. M. Nakamura, Ph.D.

(i) Biochemical profile of toxemia of pregnancy - Cdr R. Cefalo, Lt R. Juskevich

(j) Levels of Hexosamine Oxidase in multiple pregnancies - Cdr R. Cefalo, Lt R. Juskevich

(k) Evaluation of a new pregnancy test - Cdr R. Cefalo, Lcdr G. Shaw

(l) Use of Prostaglandins in induction of labor - Cdr R. Cefalo, Lt D. Daniels

(m) Evaluation of Gravallee Jet Washer in the Screening of Asymptomatic postmenopausal patients - Lcdr D. DiBona

(n) A study of Blood Coagulation changes in normal and pre-eclampsia patients - Lt S. Ranck, Cdr R. Cefalo, Cdr R. B. Moquin

9. National Institutes of Health; Studies in conjunction with:

(a) In vitro stimulation of lymphocytes from cord blood specimens. (Paul Gerber, Ph.D., Head, Viral Genetics)

(b) Initiating carcinogenesis in leukocytes derived from cord blood in order to study antigenic differences relative to controls (Joseph DiPolla, Ph.D., Head, Viral Genetics)

(c) Culturing human endothelial cells from the umbilical cord and placenta for cancer research. (Lionel Schour, M.D., Surgery Branch, N.C.I.)

(d) Tissue culture of Bornstein CNS explants in fresh placental cord blood. (Thomas A. Gill, M.D., Neurochemistry, National Institute of Neurological Diseases)

(e) Isolation and purification of cellular organelles for the study of molecular structure in human placenta. (Lawrence Corash, M.D., National Institutes of Child and Health Development)

(f) Study of the production of plasma estriol in the placenta. (Ronald A. Chez, M.D., Chief, Pregnancy Research, National Institutes of Child Health and Human Development)

(g) Study of Insulin Secretion in the newborn with measurement of cord blood at delivery (C. Ronald Kahn, M.D., Diabetes Section, Clinical Endocrine Branch, N.I.A.M.D.)

(h) Study of blood group substance in placental tissue (Penya Cohen, Ph.D., Division of Biological Standards)

(i) Production of E1, E2, E3, and E1 Sulfate in normal pregnancy (Capt D. R. Knab, Dr. Lipett and Dr. Loriaux, National Institutes of Health, Endocrinology Branch)

10. Continued improvement in the quality of patient care is being accomplished by:

(a) Continuous effort on the part of our staff to keep abreast of newest technical techniques to advance patient care.

(b) Renovation of all the wards concerned with patient care, in so far as possible.

(c) The increased use of available consultants and an increased effort and understanding between professional staffs of the Naval Hospital and the National Institutes of Health.

(d) Prenatal discussion sessions are conducted for the benefit of the patient and her husband.

(e) Prenatal lectures by both the Obstetric and Pediatric Departments are given during the patient's postpartum hospital stay.

(f) The opportunity to select the menu for the coming day is extended to the dependent patients.

(g) Further streamlining of clinic procedures allowing for more rapid handling of the patients seeking appointments in the Gyn Clinic.

11. Cooperation is given other commands of the National Naval Medical Center by furnishing speakers on obstetric and gynecologic and dependent care subjects to medical school courses as requested, including Foreign Medical Officers Training Course, Reserve Officers Training Course, Physicians Aide (Screeners) Courses, JANGO Training, and Naval Dental School Training Program.

12.. Staff Officer contribution to scientific meetings and scientific literature:

(a) "Pregnancy following portocaval shunt - a revision of the literature with a case report" - Lt S. Ranck, and Capt E. B. McMahon presented at the Armed Forces District, A.C.O.G. Meeting, October 1971.

(b) "An External Tocodynamometer: Adjunct to monitoring labor" - Cdr R. C. Cefalo, Capt D. R. Knab, and Lt M. Quigley, Southern Medical Journal, April 1972.

(c) "Case for Diagnosis", accepted for publication in Military Medicine - Capt F. S. Billingsley.

(d) "Standardization of 17 hydroxy progesterone antisera", Analytic Chemistry, August 1971, Capt M. Labudovich.

(e) "Immediate puerperal Insertion of Dalkon Shield" accepted for Publication, Southern Medical Journal, Lcdr D. Halbert.

(f) "Post Pill Amenorrhea", North Carolina Medical Journal, October 1971, Lcdr D. Halbert.

(g) "Hemorrhage following injection of Hypertonic Saline", Obstetrics and Gynecology, January 1972, Lcdr D. Halbert.

(h) "Acute Obstetric yellow atrophy presenting as Hyperuvicemia accepted for presentation at Armed Forces District meeting, A.C.O.G., Lt M. Quigley.

(i) Clear Cell carcinoma in young females induced by prenatal Diethylstilbesterol, Capt D. R. Knab, Lcdr M. D. Gilson.

(j) Primary Amenorrhea, Diagnostic Approach, Capt D. R. Knab, Lcdr M. D. Gilson.

(k) Moderator, Endocrine Seminar, Armed Forces District meeting, American College of Obstetricians and Gynecologists, October 1971 , Capt M. Labudovich.

(l) Moderator, Fetal Monitoring Seminar, Armed Forces District meeting, American College of Obstetricians and Gynecologists, October 1971 , Capt E. B. McMahon.

13. The Obstetrics-Gynecology Service has an active teaching affiliation with Georgetown University School of Medicine. Three junior students are assigned for six weeks at a time on a year round basis. An advanced clerkship in Obstetrics and Gynecology is available on an elective basis for senior students.

In addition, second year students are taught the fundamentals of a pelvic examination as a part of the course in physical diagnosis.

II. OPHTHALMOLOGY SERVICE

1. The historical perspective for the Department of Ophthalmology, Bethesda, for the fiscal year 1972 reveals vast changes in personnel, clinic facilities and general outlook.
2. Capt. James F. Rosborough, MC, USN, entered private practice in neighboring Rockville, Md., and was relieved by Capt. Lawrence M. King, Jr., MC, USN, as Chief of the Department. Captain King, while attached to Chelsea Naval Hospital had just completed two years of formal fellowship training in Retinal Surgery with the Retina Associates of Boston, Mass. LCDR David N. Cohen, MC, USNR, completed his two years of reserve staff duty in December 1971 and joined the teaching staff of the Cleveland Clinic as instructor in neuro-ophthalmology. LCDR Thomas D. McKinnon, MC, USNR completed his two year Reserve Staff duty in June 1972 and entered private practice in Birmingham, Alabama. Drs. Cohen and McKinnon were replaced by LCDR Frederick H. Reeser. MC. USNR, from AFIP and LCDR Marvin Pollack, MC, USNR, From New York.
3. LCDR Thomas Clark completed his residency training in June 1971 and became the Ophthalmologist at the Naval Hospital, San Juan, P.R. LCDR Grier Nielsen joined the staff of the Naval Hospital, Orlando, Florida. LCDR Robert T. McKinlay, MC, USN, completed his residency in June 1972 and will join the staff of the Naval Hospital, Chelsea, Mass., following a summer in Waterville, Maine, for the Lancaster Course in Ophthalmology, where he will be joined by LCDR R. E. Carlson, MC, USN and LCDR P. E. Sydlowski, MC, USNR. LCDR Carlson completed his training in June 1972 and will join the staff of Naval Hospital, Portsmouth, Va. in September. Three first year residents replace the two departing senior residents: LCDR Joe Cole, MC, USN; LCDR G. P. Todd, MC, USNR; and LCDR P. E. Sydlowski, MC, USNR.
4. In the Optometry Section, Captain D. E. Still, MSC, USN, Head of Section, served as President, Armed Forces Optometric Society from June 1971 to June 1972. On 17 June 1972 Captain Still received an appointment to serve on the Council of Clinical Optometric Care of the American Optometric Association for a period not to exceed five years.
5. LCDR Robert Chan MSC USN reported on board 1 June 1972 for a normal tour of duty. Dr. Chan recently completed two years of Navy sponsored post-graduate study at the University of California, where he received his masters degree in physiological optics.

6. Lt. Scott Pelcyger MSC USNR was transferred to the Naval Hospital St. Albans, N. Y. for duty on 1 July 1972. In addition to his regular duties he will become a part time student at the Optometric Center of New York.

7. LTjg Edward J. Grout MSC USNR report on board for duty 6 July 1971 following a four week normal orientation course at the Naval School of Health Care Administration. Dr. Grout received his Doctor of Optometry degree from Ohio State University where he was selected for the naval senior commissioning program. He will serve a three year tour.

7. Ltjg Ann Brenner MSC USNR (w) reported on board for duty 30 June 1972 following a four week naval orientation course at the Naval School of Health Care Administration. Dr. Brenner received her Doctor of Optometry degree from the University of Houston where she was selected for the naval senior commissioning program. She will serve for three years. Dr. Brenner is the second lady optometry officer in the history of Optometry Section of the Medical Service Corps.

8. The extensive remodeling of the clinic which was completed in June 1971 has been further enhanced by the addition of wall to wall carpeting which was installed in May 1972. Future remodeling changes to be made include new chairs and a new appointment desk for the patient waiting room. Extensive refurbishing of old equipment and approval for purchase of new equipment during fiscal year 1973 will certainly add to the effectiveness of this clinic's service. There are 13 billets for ophthalmologists and residents approved for fiscal year 1973 and this will increase to 14 in 1974.

. HML Linhardt has replaced HM2 Emmel as senior petty officer during 1971 and has done an outstanding job of revitalizing the support of the enlisted personnel. There is a proposed decrease of Ophthalmic and ENT students slated for the coming quarters and the enlisted permanent staff shall be augmented to compensate for this change.

10. Michael Lemp, M.D. of Georgetown University has been added to the consulting staff in diseases of the cornea. In addition residents now observe and participate in the Cornea Clinic at Sibley Hospital in Washington D.C. under the direction of Dr. Lemp. A firm liaison with Dr. Carl Kupfer of NIH has cemented relations between the two centers and an active exchange of clinical and academic material is under way across Rockville Pike. Visiting professors for Fiscal 1973 to the Ophthalmology Department include Dr. Charles Schepens of Boston, Massachusetts, Dr. Edward Maumenee of Baltimore Md., Dr. Marshall Parks of Washington, D. C., and Dr. Byron Smith of New York City as well as Dr. Steven Pappas of Washington, D. C. Furthermore residents and staff attend the excellent teaching rounds with internationally known visiting professors which are held each Saturday morning during the academic year at the Washington Hospital Center. The Washington Area Basic Science Course was held at Bethesda Naval Hospital this year and was greatly enhanced by the addition of lectures by Capt. Rosborough, LCDR McKinnon and LCDR Cohen.

## J. ORTHOPAEDIC SERVICE

1. Meetings Attended: Captain D. Q. Wilson attended the NIH Surgical Group "B" Meeting three times during the year; and as a member of the Specialty Advisory Committee and Clinical Investigations, he attended the five day meeting at the Bureau of Medicine and Surgery in October 1971. This service was well represented at the SOMAS meeting, Travis Air Force Base, California, 14-17 September 1971 with LCDRS Lovejoy, Phillips, Brown, Nelson, Grasinger, Cox, Gordon, Iskowitz, and LTS Schneider and Quinn in attendance. The American Academy of Orthopaedic Surgeons annual meeting was held in Washington, D. C., January 1972, and therefore all the members of the Orthopaedic Service at this facility were able to attend at least part of the time. LCDR Iskowitz attended the Physical Medicine and Rehabilitation Conference 1-12 Nov 1971 in Puerto Rico; and also the EMG Seminar, Cincinnati, Ohio, 6-10 March. The Seminar on Basic Concepts in Children's Orthopaedics, Wilmington, Delaware was attended by CAPT Wilson, CDR Jewusiak, and LCDR Brodrick, 20-21 Nov. LCDR Iskowitz, LTJGS Schut and Ridgeway attended the Symposium on the Hand, University of Maryland, in March. CDR Hatten and LTJG Schut attended the American Physical Therapy Convention in Las Vegas, 9-16 June 1972. LCDR Packer attended the New York Orthopaedic Hospital Annual Alumni Meeting, 13-17 April and LCDR Brown attended the Jefferson Orthopaedic Society Meeting, Philadelphia, 4 June.

2. Presentations: LCDR Lovejoy presented a paper on Dupuytren's Contracture, at Hilton Head, South Carolina; LCDR Packer was invited by Naval Hospital, Pensacola under the Inservice Consultant/Lecturer Program to talk on Reconstructive Surgery of the Rheumatoid Hand, and Early Synovectomy in Rheumatoid Arthritis. LCDR Packer, Nelson, Phillips, and Iskowitz were lecturers at the Physician's Aid Screeners meeting at the Naval Medical School, Bethesda. CDR Jewusiak's paper on Solitary Benign Enchondroma of the Long Bones of the Hand, and LCDR Nelson's paper on Epitheloid Sarcoma were accepted for publication by the Journal of Bone and Joint Surgery.

3. Courses Attended: In October, LCDR Brown attended an American Academy of Orthopaedic Surgeons' Workshop in Methyl-Methacrylate in Baltimore; CDR Jewusiak attended the Current Concepts of Fracture Treatment course, Newton, Mass., 15-18 November; Joint Symposium of the Hand, San Antonio, Texas, was attended by LCDRS Packer, Lovejoy, and Cox in November 1971; LCDR Lovejoy attended the course on Orthopaedic Surgery and Pathology, Columbia Presbyterian Hospital, New York City, 6-17 Dec. In March, 1972, LCDR Cox and LT Quinn attended the course on Surgical and Orthopaedic Trauma at Brooke General Hospital, Fort Sam Houston, Texas. LCDR F. R. Nelson went to Atlanta, Georgia in March 1972 to take a course in Computers in Orthopaedic Research and Education. The course on The Neck, April 1972, New York City, was attended by LT Quinn who also attended the 16th Annual Post Graduate Course on Fractures and Other Trauma in Chicago, Illinois in May. LCDRS Packer and Gordon attended The Knee in Sports, Pine Mountain,

Georgia; and LCDR Brown and LT Schneider went to Montreal, Canada to attend a course on Infection and Orthopaedic Surgery, 25-27 May 1972. ENS Renfro, LTJGS Schut and Ridgeway spent two weeks each at Walter Reed Army Hospital; LCDR Iskowitz attended the VA PM&R Review Course, NYU, and the Lower Extremity Prosthetics Course, NYU, 15-30 May 1972. LCDRS Gordon and Brodrick each trained for six weeks with J. P. Adams, M.D., George Washington University, Washington, D.C.; CDR Jewusiak and LCDR Gordon each spent six weeks in Boston working with William H. Harris, M.D., specializing in reconstructive hip surgery; LCDR Cox went to Kernan's Hospital, Baltimore in the Spring, 1972 to work in children's orthopaedics. LT Quinn and LT Schneider attended the Lower Extremity Prosthetics Course, Northwestern University, Chicago, Illinois.

4. Staff Changes: Upon completion of their residencies in June 1971, LCDR Chambers remained on the Orthopaedic Staff at this facility until December 1971 when he transferred to Kernan's Hospital, Baltimore, to further his study of children's orthopaedics; and LCDR C. Ham was assigned to Duke University, N.D., LT Bogel was reassigned to NH, Guam, M.I.; LTS Iczkowski and Dayhuff to Naval Medical School, Bethesda; LCDRS Hall and Fong resigned to enter private practice in January. Dr. Fong is now in Amarillo, Texas, and Dr. Hall is in nearby Williamsburg. LCDRS Packer and Iskowitz completed their two year tour of active duty. Dr. Packer will be on the faculty of the University of North Carolina; Dr. Iskowitz will be affiliated with the Moss Rehabilitation Clinic in Philadelphia. CDR Jewusiak and LCDR Nelson completed their residences in Jun 1972. LCDR Nelson will continue at Bethesda as a member of the Ortho-

paedic Staff, and CDR Jewusiak will serve as the New Chief of Orthopaedics, Naval Hospital, Charleston, South Carolina. The new staff members who joined the Orthopaedic Service in July 1971 are LCDRS Lovejoy, Brown, and Phillips. The first year residents for 1971-1972 are LTS Schneider and Quinn. Occupational Therapists, Mrs. Lynn Israel joined Orthopaedic Service in January replacing Mrs. Melinda Seeger who resigned in November, and LTJG B. O'Horgan was assigned to work with this service in April 1972.

5. Visiting Lecturers: The Orthopaedic Service was fortunate in being hosts to Victor Frankel, M.D., Cleveland; W. King Engel, M.D., National Institute of Neurological Diseases and Strokes; and Captain Elias Theros, MC, USN, Radiological Pathology Section, AFIP.

6. General: In order to provide better service to the community, a staff members goes to the Navy Yard and Main Navy Dispensaries twice a week. LCDR W. D. Shea, Naval Hospital, Boston, comes to Bethesda once a month to instruct and train residents in total hip replacement surgery. CDR J. M. Dennis came to Bethesda twice a week to care for those patients requiring the services of a Podiatrist. Dr. Dennis will be assigned to Bethesda full time in fiscal year 1973. LCDR J. W. Packer was awarded the Carl Berg Traveling Fellowship. LCDR F. R. Nelson went to Mayo Clinic, Rochester, Minn. for a six week sabbatical. The daily inpatient census was around 100; the number of patients seen in the outpatient clinic amounted to 20,073. Clinical training was provided for 79 students during the year from the OT-PT Technicians

School; the number of patients treated in the Physical Therapy Department during this period was 22,249; Physical Medicine, 191; and Occupational Therapy, 841. Between April 1971 and April 1972, the Physical Therapy treatment spaces were closed and temporarily located in the Orthopaedic Plaster Room and the 3C Solarium which resulted in a gross reduction in working area. On 28 April 1972, dedication ceremonies were held in the newly renovated Physical Therapy Department in the basement of Bldg. 1.

1. In 1972 the Otolaryngology Service was renamed to the Department of Otolaryngology and the name was changed to the Department of Otolaryngology and Head and Neck Surgery.

2. Plans have been made for the incorporation of a new surgical suite at Ward 4-3. It completed and now ready and available for use by the 1973-74 surgical calendar. Service will be provided by Dr. deFries, Dr. Gandy, Dr. Johnson, Dr. Potts, Dr. Ritter, Dr. Sauer, Dr. Tamm, Dr. Tracy, Dr. Vining, Dr. Weller, Dr. Young, Dr. Ziegler, Dr. Zuckerman, and Dr. Zuckerman. This will facilitate the reorganization of the department into one area.

3. Dr. deFries presented an exhibit on "Rehabilitation of the Head and Neck Cancer Patient" in June, at the American Medical Association Meeting in San Francisco. He also presented a paper on the same subject to the Eastern Surgical Society at the Bethesda Naval Hospital in May and the Ohio State Medical Society Meeting in Cincinnati in April.

4. In April and May one of our residents began the first rotation through the Otolaryngology Service at Johns Hopkins University Medical School as a result of our conclusion of an agreement with that institution.

5. During the year we were fortunate to have visits by five nationally recognized consultants.

6. Meetings attended by the staff and residents during the year were The American Academy of Ophthalmology and Otolaryngology at Las Vegas, The American Triologic Society at Palm Beach, and the Course in Otologic Surgery in Los Angeles.

7. All residencies for the coming year were filled.
8. In general, it is felt that 1972 was a year of continued improvement. Previous deficiencies noted by the Residency Review Committee have been remedied and our program has had its approval continued.

L. OUTPATIENT SERVICE

1. Outpatient Staff

Changes during reporting Period

a. Chief, Outpatient Service CAPT Henry W. MILLER, MC, USNR*	Continued last report - 5 Sep 71
CAPT Philip J. DEAN, MC, USN (Acting)	6 Sep 71 - 4 May 72
CAPT Carl M. VOYLES, MC, USNR	5 May 72 - Present
b. Nursing Supervisor CDR Esther E. HESTON, NC, USNR	
c. Administrative Assistant LCDR Aubin H. LOVIN, MSC, USN	
d. Senior Staff Medical Officer, Walk-in Clinic LCDR Donald L. PRYOR, MC, USNR	
e. Senior Staff Medical Officer, Emergency Room LCDR Philip R. SEVERY, MC, USN	

\*Captain Henry W. MILLER, MC, USNR was admitted to the sick list on 5 September 71. He remained on the sick list at this hospital until he was retired by reason of physical disability on 29 February 1972.

2. Temporary Relocation of Emergency Room. On 14 August 1971 the Emergency Room was relocated to a temporary location in ward 6B. This move permitted a complete modernization of the Emergency Room (Room 192, Bldg. 1) to be commenced. The move to Ward 6B was planned and executed without compromise of the readiness posture of the hospital to handle emergency cases.

3. Modernization of Emergency Room. Modernization of the Emergency Room spaces included a complete face lifting, rearrangement of spaces in a more functional manner, and the installation of new equipment including a complete cardiac monitoring unit. Patient flow was improved and the waiting room was relocated. Upon completion of the project the Emergency Room function returned to its original location on 14 April 1972.

4. Temporary Relocation of the Physical Exam Clinic. On 22 May 1971 the Physical Exam Clinic was relocated to Tower 18. This move permitted the Physical Exam Clinic spaces in Room 209, Bldg. 2 to be used by the Chief of Medicine and the Cardiology Clinic and later by the Commanding Officer and his staff during the installation of central air-conditioning equipment in Bldg. 1. The Physical Exam Clinic returned to its original location in Bldg. 2 on 17 March 1972.

5. Appointment Scheduling in Walk-in Clinic. On 12 June 1972 a system of scheduling patients as they arrive was commenced in the Walk-in Clinic. At the check-in desk each patient is advised which medical officer they will see and the approximate time that they will be seen. No appointments are made in advance and none are made by phone. This system tends to equalize the workload for medical officers and has been well accepted by patients.

6. Acute Minor Illness Clinic. A modification to the Adult Walk-in Clinic system was made on 19 June 1972. Patients are triaged upon arrival at the check-in desk. Those patients with minor illnesses are treated by a physician aid screener/medical officer team in an Acute Minor Illness Clinic. This procedure permits rapid processing of the patients with minor conditions while still providing quality care. Those patients with more serious conditions wait their turn to be seen in the regular clinic. It is planned to relocate the Acute Minor Illness Clinic to an adjacent area when space becomes available.

M. PEDIATRIC SERVICE

With CDR D. W. Bailey MC USN, serving as Chief of Pediatrics, this service continues to progress and expand. There has been an increase in the number of pediatric residents between 1 July 1971-30 June 1972. Three third-year residents, three second-year residents, and three first-year residents, and two interns (special emphasis, pediatrics) are authorized. In 1971, one third-year resident's billet was filled. The incumbent of this billet served as Chief Resident. Three second-year residents and three first-year residents, and two pediatric interns' billets were filled. Fellowship programs in Hematology and Neurology have been established.

The staff includes members who are all board certified or board eligible in pediatrics. In addition, they have training in one of the following subspecialty fields: Neurology, Hematology, Allergy, Neonatology, Cardiology, or Ambulatory Pediatrics. Staff members provide highly competent, personal, responsible pediatric care. The "Family-Physician" approach to pediatric medicine continues to be our policy.

Under the "umbrella" agreement recently established between this hospital and George Washington University Medical School, the Pediatric Service has established primary affiliation with the George Washington Pediatric Department. Third-year medical students will join their Georgetown University counterparts in being assigned to Bethesda for their pediatrics starting in September. Acceptance of the 4th year students for 6-12-week electives has also been successful.

The Nursing Staff, Pediatric Service, continues to be understaffed.

The Pediatric Laboratory in Outpatient's Department was consolidated with Pathology Laboratory.

The Intensive Care Unit, Newborn Nursery, was completed and is operating smoothly.

Child Guidance Clinic, suggested in 1964, 1969, continues to be a goal for the Pediatric Service.

Total patients seen on Pediatric Service, 1971: 49, 565.

Inpatients (Ward and Nursery): 2595  
Outpatients (PAAAC and Ped. Appt. Clinic): 46, 970

Av. daily census, Ward: 18.7  
Av. daily census, Nursery: 20.2

The Pediatric Outpatient Clinic's workload has increased:19%.

The Pediatric Allergy Clinic was initiated as a subspecialty clinic, September 1971. It provides allergy service to those children whose primary care is rendered at this facility. Referrals to this clinic from the staff have given one or two pediatric residents the opportunity to participate in the evaluation of pediatric allergy problems. They have, under supervision, taken allergy histories, done allergy orient physical examinations, observed and done allergy skin testing, and participated in interpretation and counseling sessions with the parents. The clinic has been held on two afternoons each month and has provided allergy evaluation for four-to-six patients each afternoon. Space is badly needed for this clinic.

In August 1971, CDR W. S. McCurley, assumed duties of the Director, Ambulatory Pediatrics. In addition to

the usual responsibilities of this position, the following was accomplished:

- a) the teaching program in Ambulatory Pediatrics was formalized within the department at the medical student, intern, resident, and staff level.
- b) clinical clerkships in Ambulatory Pediatrics were formalized and offered.
- c) the Pediatric Renal Clinic was established with Dr. Strife as Director in cooperation with the Urology Service, NNMC, and Major Paul Sandler MC USA, a pediatric nephrologist, at Walter Reed Army Hospital.
- e) the Learning Disabilities Clinic was established in cooperation with the Department of Psychology, a volunteer social worker and the departments of Pupil Services and Special Education, Montgomery County Public Schools. Dr. McCurley serves as the director and coordinator.
- f) the Pediatric Section of the Physician's Aide (Screener) Course was organized and presented by the Pediatric Staff (9/71, 2/72, 6/72).  
Looking into the "crystal ball," the Pediatric Outpatient Service hopes to accomplish:

a) Expand pediatric health care services to include routine examinations on a regular basis throughout the year.

b) Foster a closer liaison with physicians at the outlying facilities by restructuring staff coverage in the PACC and perhaps by personal visits by ambulatory staff members.

c) Extend pediatric coverage at the Naval Hospital with evening, perhaps weekend "office hours."

d) Involvement of junior medical students in the outpatient program on a continuing basis.

e) Enlarge the Ambulatory Clerkship program for senior medical students in the Washington area.

f) Actively encourage and actually initiate on-going research in outpatient pediatrics.

#### Ambulatory Pediatrics Section:

##### 1. Health Maintenance

- a. Well-Baby Clinics
- b. School Physicals
- c. Camp Physicals

##### 2. Acute Care Clinic

##### 3. General Pediatric

4. Special Pediatric

- a. Allergy
- b. Cardiology
- c. Endocrinology
- d. Hematology/Oncology

The Pediatric Acute Care Clinic opened in April 1971 and has met with success from a physician's point of view. There are several reasons for this: a) physical plant is conducive to good patient care; b) screening by staff obviates the need for seeing all patients, especially those more suited to being seen in other areas of the outpatient department; c) the activities and talent of the staff personnel involved in the PACC have been exemplary.

LECTURES:

Dr. Bailey

"Drug Abuse"--Teachers and school nurses at Red Cross Center, East-West Highway, Silver Spring, Md.

"Drug Abuse"--Montgomery Village Wives Club, Gaithersburg, Md.

"Drug Abuse"--Leland Junior High School, Bethesda, Md.

"Minimal Brain Dysfunction"--Pediatric Department, NH,  
San Diego, Calif., March 1972  
"SSPE" --Ped. Dept., NH, San Diego, Calif.  
March 1972

"Minimal Brain Dysfunction"--Ped. Dept., Howard U. Med. Coll.  
Freedmen's Hospital, March 1972

Dr. Gaudry

"Thalassemia"

Current Concepts in Medicine Course

NH, Bethesda, Md.

September 1971

"Recognition of the Sick Child"

at two Physician Aid Courses, NH, Bethesda, Md.

"Hodgkin's Disease"

Pediatric Department

San Diego, California

April 1972

"Platelet Disorders"

Children's Hospital

San Diego, Calif.

April 1972

Dr. Mangold

Case Presentation and Discussion, Allergy Staff Seminar,  
Children's Hospital, D.C., 4 Jan 1972

Clinician Discussant, Death Conference, Children's  
Hospital, D.C., Washington, D.C.

Dr. McCurley

"Pediatric Emergencies"--continuous lectures

Dr. Sokal

Resident lectures:

- a) Sepsis in the Newborn
- b) Oxygen Therapy
- c) Bilirubin Metabolism
- d) The Effect of Drugs Upon the Newborn
- e) Respiratory Physiology
- f) Intrauterine Diagnosis

Rehabilitation Nursing Workshop, NH, NNMC, Bethesda, Md.

"The Early Detection of Anomalies in Infants and Children"

Dr. Strife

"Genetics and Oral Facial Syndromes"  
Naval Dental School  
December 1971

"Normocomplementemic and hypocomplementemic acute post streptococcal glomerulonephritis; a comparison."  
Presented to Plenary Session, American Pediatric Society Meeting, Washington, D.C. May 24, 1972

Dr. Johnson

Formal lectures to the staff: "Diabetes Mellitus in Children"  
"Thyroid"

On al alternate week basis, a lecture on "Respiratory Illnesses" was given to the students.

Dr. Goldschmidt

American Academy of Pediatrics--Military Section Meeting  
"Reye's Syndrome, A Proposed Cooperation Study."  
October 13, 1971.

University of Colorado, Pediatric Infectious Disease Conference, "Newer Concepts in Reye's Syndrome." April 13, 1972.

Department of Pediatrics, Fitzsimmons General Hospital, Denver, Colorado--"Newer Concepts in Reye's Syndrome."

RESEARCH

Dr. Bailey

NMRI Study Bob Sorenson (SSPE)

The Contraceptive Pill Study in collaboration with NIH, launched May 1972.

Reye's Syndrome with Dr. Goldschmidt

Role of EEG in management and prognosis of neonates with seizures and/or neurologic abnormalities with Dr. Larson

Dr. Gaudry

Investigation with Daunorubicine in treatment of acute leukemia --continues

Use of Teichoic acid to detect staph albus and aureus septicemia

Dr. McCurley

Work in the area of parent education has been initiated.

Teaching slides on otitis

Dr. Koterbay

Changes in bacterial flora 2<sup>o</sup> to antibiotic Rx in the neonate

Dr. Larson

Role of EEG in management and prognosis of neonates with seizures and/or neurologic abnormalities--with Dr. Bailey.

Dr. Stone

Brief recorded instructional lectures for mothers of sick children treated in PACC. with Dr. Strife.

Outpatient study of effects of counseling on incidence of ingestion of poison by small children.

Dr. Goldschmidt

Currently coordinating a 26-hospital Tri-Service study into "Etiology, pathogenesis, and therapy in Reye's Syndrome." Collaboration with Dr. Bailey.

Dr. Strife

Brief recorded instructional lectures for mothers of sick children treated in PACC--with Dr. Stone.

PAPERS

Dr. Strife

Completion of paper in progress:

"Hypocomplementemic and normocomplementemic acute nephritic in children; a comparison with respect to etiology, clinical manifestation and glomerular morphology. Presented at APS/SPR Meeting, May 1972

Dr. Goldschmidt

In preparation:

- 1) "Respiratory Alkalosis in Reye's Syndrome"
- 2) "A New Look at Relationship of Salicylates to Reye's Syndrome"

Dr. Johnson

In preparation:

"Ampicillin Associated Diarrhea"

Completed:

"Fluid and Electrolyte Therapy"--A manual to be distributed to Pediatric Staff, residents, interns as a teaching aid.

Dr. McCurley

In preparation:

"Learning Disabilities"

MEETINGS:

Dr. Bailey

AAP, October 1971, Chicago

Uniformed Service Pediatric Seminar, March 1972

APS/SPR Meetings, Washington, May 1972

Seminar on Reye's Syndrome, Baltimore, Md. November 1971

Dr. Gaudry

American Soc. Hematology, San Francisco, December 1971  
Infectious Disease Seminar, New Orleans, February 1972  
Amer. Soc. Ped. and Soc. Ped. Res., Washington, D.C.,  
May 1972.

Dr. McCurley

Uniformed Services Ped. Seminar, San Francisco, 3/72  
Ambulatory Pediatric Assoc. Meeting, Washington, D.C., 5/72  
American Academy of Pediatrics Postgraduate Course: Instructional Skills for Physicians Who Teach. Colorado Springs, Colo.  
6/72

Dr. Sokal

Postgraduate Seminar, U. Miami, Miami, Fla. The Mother and Fetus, 6-9 Jan 1972.

Effect of Environmental Temperature on the Growth of Newborn Rabbits, U. Rochester, 1-2 May

National Academy of Sciences, National Research , Washington,D.C.  
22 May

Dr. Johnson

APS Meeting, May 1972

Dr. Goldschmidt

Am. Acad. Pediatrics, October 10-14, 1971, Chicago  
Seminar on Reye's Syndrome, Nov 10, 1971, Baltimore  
Greater Washington Area Nephrology Meetings, Jan. 1972  
Soc. Ped. Research Meetings, Washington, D.C., May 23-26, 1972.

Dr. Mangold

Seminar on Immunology, 11-14 October 1971, U. Pittsburgh,  
Pittsburgh, Pa.

Annual Meeting, The Am. Academy of Allergy, 5-9 Feb 1972,  
San Francisco, Calif.

Dr. Strife

Am. Ped. Soc., Washington, D.C. May 1972

Dr. McArtor

Am. Acad. Ped., Chicago, 15-21 October 1971

Dr. Stiglitz

Uniformed Services Ped. Seminar, S.F., 20-24 March 1972

Ped. Research Soc. Meetings, Washington, D.C. 23-26 March 1972

Dr. Boldon

Am. Acad. of Allergy, S.F., Calif., 5-10 Feb 1972

Dr. Koterbay

Uniformed Services Ped. Seminar, S.F., 20-24 March 1972

Dr. Price

Uniformed Services Ped. Seminar, S.F., 20-24 March 1972

TAD Course:

Dr. McArtor

Medicine in the Tropics

6 April-19 May 1972

Panama, Republic of Panama  
(Resident sabbatical)

Dr. Goldschmidt

Spring 1972, Pediatric Infectious Disease Department  
U. Colorado Med. Center, Denver, Colorado (6 weeks sabbatical)

APPOINTMENTS:

Dr. Bailey, Chairman, Program of Mil. Ped., AAP Meeting,  
Chicago, October 1971

Dr. Bailey DOD representative on:

- 1) 4-C Standing Committee
- 2) Federal Day Care Requirement Subcommittee
- 3) National Advisory Child Health and Human Development Council

4) Alternate representative, Federal Panel  
on Early Childhood

Clinical Associate Professor, Pediatrics, Georgetown  
University Medical School

Clinical Associate Professor, Pediatrics, Howard University  
Medical School

MISCELLANEOUS:

Dr. A. C. Price, our cardiologist\*, is resigning after  
12 years as a Navy doctor to enter private practice.  
He will be sorely missed, and we wish him every success  
in his new career.

Dr. Donald F. Johnson is also returning to civilian life,  
to serve as Chief Resident in Pediatrics at the New  
England Medical Center.

Dr. Charles L. Gaudry, Jr. has accepted a very challenging  
and exciting position, heading up the Navy's portion of  
the Physician's Assistant program at Shepherd Air Force  
Base in Wichita Falls, Texas.

Our three departing residents all received their first choice of  
duty assignment:

Dr. Goldschmidt to Jacksonville

Dr. Boldon to Guam

Dr. Koterbay to Newport

N. PHARMACY SERVICE

1. Pharmacy prescriptions filled during the Fiscal year of 1972:

<u>MONTH/YR</u>	<u>INPATIENT</u>	<u>OUTPATIENT</u>	<u>TOTAL</u>
1971			
July	29340	33418	62758
August	23031	28284	51315
September	15661	23417	39078
October	14237	24697	38934
November	15721	26920	42641
December	15608	24958	40566
1972			
January	13589	29398	42987
February	16283	26889	43172
March	19860	29818	49678
April	17666	25958	43624
May	25014	25558	50572
June	<u>19866</u>	<u>28763</u>	<u>48629</u>
TOTAL	225876	328078	553954

Average per month for 12 months:

Inpatient 18823 Out patient 27339

For the year of 1971 and average of 46162 services were given per month compared to 1970.

2. The Main Pharmacy and branch pharmacy hours remain the same 0800 to 2300, and 0830 to 1600 respectively Monday through Friday.

3. The two civilian billets established in 1967 and both filled by civilian pharmacists. One billet is well entrenched in Central Steril Supply, which is a branch of the pharmacy service.

4. The following personnel reported during 1971;

LTJG Glen Otterman, USNR, reported aboard during the month of May.

LTJG Paul Herring, USNR, HM3 P. Jourdan, and HN Jeffery Keneston all reported aboard during the month of September. HM3 Eric Miller (OJT)

received his NEC 8482 in April 1972.

The following men were transferred during 1971 and 1972:

HM3 P. Jourdan, HM2 J. Semcheski, and HM2 F. Wenke.

5. The enlisted allowance remains at 10; however, this will be increased to 14 as a result of the standards of service agreement as of 1 July 1972. The Pharmacy Service and Central Sterile Supply continued to operate at well below 80% throughout the year.

6. Central Sterile Supply is continuing to increase its workload under supervisory direction of Pharmacy Service. In fact there has been a 25% growth in the IV admixture program alone. The gas sterilizer that was on order arrived and put in place, but it is not yet functional. Ultrasonic washing and rinsing units have been installed during the year. We have added an additional service of aiding the Laminar Flow Patient Units of Tower - 8 in the form of medications and sterile preparations through the use of the Laminar flow hoods in C.S.S. There has been a lack of consistently trained personnel in C. S.S. due to the rapid turnover of assigned people who are students awaiting schooling.

7. Pharmacy Service received approval in July of 1971 to change spaces with physio-therapy department and thereby gain a little more square footage in new spaces. Plans were drawn for a new more functional pharmacy and they were implemented throughout the remainder of 1971 in conjunction with the air conditioning project underway. The Beauty parlor spaces and Navy Exchange spaces were acquired for a waiting room for the pharmacy and this in turn kept the patient out of the corridors while waiting for medications.

The move to the new pharmacy was accomplished by January 1, 1972, and the new pharmacy began operations on 2 January 1972. The new pharmacy with 25 foot conveyer belt, and carpeted waiting room and outpatient service is most functional. A Lundia Storage unit has been purchased and placed in the Inpatient area for bulk storage of supplies. The Pharmacy Service has been developing an awareness into clinical counseling of patients with regard to their medications and has taken an active part in consulting with physicians at ward levels.

8. Meetings attended throughout the year included:

The Association of Military Surgeons. Three day meeting in Washington, D. C., in December 71; American Society of Hospital Pharmacists Midyear Clinical Conference, Washington, D. C., in December 71; American Pharmaceutical Association Meetings, Houston, Texas, in April 72; Clinical Pharmacy Practices in Governmental Health Services, Warrenton, Virginia, in June 72; where LTJG Snook was a program participant: Mr. Young attended sessions of the University of Maryland, Continuing Education Seminars in Patient Care in Baltimore, and the ASHP Seminar on Parenteral Admixtures and Hyperalimentation in Chicago May 30 - June 2 ; and the Maryland Society of Hospital Pharmacists 7th Annual Seminar in Ocean City for 2 days June 10 and 11.

9. Pharmacy service continues to function at peak levels. Three projects are presently under way. These are (a) A controlled medication distribution system, (b) A polyprescription project, and (c) A medication Administration Record project. With good success these projects will all come to fruition in the future.

O. PLASTIC SURGERY SERVICE

1. CDR R. R. Cameron left the Plastic Surgery Service by resignation on 1 July 1971.
2. CAPT James Ryskamp, MC, USN, spent the month of July 1971 on the Plastic Surgery Service as visiting plastic surgeon.
3. CAPT William C. Dempsey, MC, USN, reported aboard from Naval Hospital, San Diego as Assistant Chief of Plastic Surgery on 12 August 1971.
4. CDR Robert N. Conrad presented a lecture on "Burns" to "Operation Deep Freeze" physicians on 25 August 1971.
5. CDR Robert N. Conrad completed residency in Plastic Surgery on 29 August 1971 and remained on board as a Staff Plastic Surgeon.
6. Dr. Rex Naylor, Speech Pathologist on the Plastic Surgery Staff, attended meetings of the American Psychiatric Association on 3 Sept. and 7 September 1971.
7. Cleft Palate Conference was held on 18 September 1971 with Drs. Wallace and Eskew as civilian orthodontist consultants.
8. Combined Orthopedic - Plastic Surgery Hand Conference was held on 24 September with Dr. Cornelius Frey, Plastic Surgery civilian consultant.
9. A combined conference of this service and the Plastic Surgery Service at Walter Reed Army Hospital was held here on 25 September 1971.

10. CAPT W. C. Dempsey and CDR M. O. Abbott attended the Annual Meeting of the American Society of Plastic and Reconstructive Surgeons in Montreal, Canada 3-8 October 1971.

11. CAPT W. D. Latham, MC, USN, attended the Senior Advisory Conference of the Bureau of Medicine and Surgery at Arlington, Virginia 3-9 October 1971.

12. CDR R. N. Conrad presented a lecture to the Pediatric Staff on Pediatric Plastic Surgery on 26 October 1971.

13. A combined meeting of the Plastic Surgery Service of Bethesda and Walter Reed was held at Walter Reed Army Hospital on 30 October 1971.

14. The Cleft Palate Conference for November was held on Saturday, 20 November 1971.

15. Combined Orthopedic - Plastic Surgery Hand Conference was held on 17 December 1971.

16. The Cleft Palate Conference for January was held on 15 January 1972.

17. THE ASSOCIATION OF MILITARY PLASTIC SURGEONS annual meeting at Walter Reed Army Medical Center 24-27 January 1972 was attended by Drs. W. D. Latham, W. C. Dempsey, R. N. Conrad, M. O. Abbott and C.S. Brown. LCDR C. S. Brown presented a paper entitled: "The use of large doses of Heparin in the treatment of acute burns."

18. The February Cleft Palate Conference was held on 19 February 1972.
19. A combined Plastic Surgery - Ophthalmology Conference was held on 3 March 1972.
20. The March Cleft Palate Conference was held on 18 March 1972.
21. The Orthopedic - Plastic Surgery Hand Conference was held on 24 March 1972.
22. The April Cleft Palate Conference was held on 15 April 1972.
23. CPAT W. C. Dempsey presented a paper "The Surgical Treatment of Post-radiation Chest Wall Defects" to the Eastern Surgical Society on 21 April 1972.
24. A combined Ophthalmology - Plastic Surgery Conference was held on 5 May 1972.
25. CAPT W. D. Latham presented a lecture on "The Role of the Maxillo-facial Prosthetic Department in Plastic Surgery" to the annual Maxillo-facial Prosthetic Conference on 10 May 1972.
26. CAPT W. D. Latham and CDR R. N. Conrad attended the annual meeting of the American Association of Plastic Surgeons in Salt Lake City, Utah on 14-18 May 1972.
27. CAPT W. D. Latham attended the Annual meeting of the American Society for Aesthetic Plastic Surgery in Miami, Florida on 20-27 May 1972.
28. CAPT W. C. Dempsey attended a special course on "The Surgical Correction of Craniofacial Deformities" by Dr. Paul Tessier in Paris, France 8-21 June 1972.
29. The June Cleft Palate Conference was held on 17 June 1972.

P. PSYCHIATRY SERVICE

1. General:

(a) The following figures reflect the workload for the period 1 July 1971 through 31 May 1972.

Psychiatric Admissions	466
Outpatient Visits	7,271
Average Daily Census	62

During this period there were 13 admissions from Vietnam. In 1971 there were 99.

2. Officers Reporting for Duty:

(a) CAPT Alan G. Miller, MC USN reported 1 February 1972 as Head, Enlisted Division from Naval Hospital, St. Albans, N. Y.

(b) CDR Gale W. Bach, MSC USN reported 13 January 1972 as Deputy Director of Training and Research, Psychology Branch.

(c) LCDR Loren D. Acord, MSC USN reported 30 July 1971 as Deputy Director of Training and Research, Psychology Branch.

(d) LCDR Marshall D. Fitz, MC USNR reported 6 July 1971 from third year of residency training at Johns Hopkins.

(e) LCDR George S. Glass, MC USNR reported 6 July 1971 from third year residency training at Yale University.

(f) LCDR Garry L. Holtzman, MC USN reported 23 August 1971 for first year residency.

(g) LCDR George F. Kolodner, MC USNR reported 2 July 1971 from third year of residency training at Yale University.

(h) LT Thomas G. Carlton, MC USN reported 12 August 1971 for first year residency from Naval Hospital, Camp Pendleton.

(i) LT Edward J. Fik, III, MC USNR reported 12 July 1971 for first year residency from Albert Einstein Medical Center.

(j) LT Harold D. Scott, MC USN reported 7 July 1971 for second year residency from Kansas University Medical Center.

(k) LT Herbert M. Tanenhaus, MC USNR reported 1 March 1972 for first year residency from Quantico Marine Corps Base.

(l) Dr. Norris Weinberg reported 1 September 1971 as Director of Psychological Services, Psychology Branch.

3. Meetings and Courses or Seminars Attended:

(a) CAPT Thomas H. Lewis, MC USN continued training at Washington Psychoanalytic Institute.

(b) CAPT Alan G. Miller, MC USN attended the annual and mid-winter meetings of the American Academy of Psychoanalysis in Dallas, Texas and New York respectively; Association for the Advancement of Psychoanalysis Scientific meetings (four monthly).

(c) LCDR Loren D. Acord, MSC USN attended the annual convention of the American Psychological Association, Washington, D. C. September 1971; Seminar on Neuropsychiatric Technician Training at NMRI, February 1972.

(d) LCDR Robert A. Glick, MC USNR attended Chestnut Lodge Symposium, Rockville, Maryland.

(e) LCDR Garry L. Holtzman, MC USN attended the annual meeting of Aerospace Medicine Association, Pensacola, Florida, May, 1972.

(f) LCDR Stuart L. Kaplan, MC USNR attended Learning Disabilities Course at George Washington University, May, 1972.

(g) LCDR Lawrence Y. Kline, MC USNR attended the 3rd annual Margaret Mahler Symposium on Child Development, Philadelphia, Pa., May, 1972; Scientific Meetings, Washington Psychoanalytic Society; Chestnut Lodge Symposium, Rockville, Maryland.

(h) LCDR John O. Lipkin, MC USNR attended Neurology Course, Harvard Medical School, March, 1972.

(i) Dr. Bruce Becker, Director of Training and Research, Psychology Branch, attended annual convention of the American Psychological Association, Washington, D. C., September, 1971.

(j) Dr. Norris Weinberg, Director of Psychological Services, attended Learning Disabilities Evaluation Clinic as consultant to Pediatrics Department; American Psychological Association meetings in Washington, D. C.

(k) Dr. Rex V. Naylor, Speech Pathologist, attended Monthly Cleft Palate Conferences, Naval Hospital, Bethesda; Continuing Education Course in Maxillofacial Prosthetics, Naval Graduate Dental School; Bi-weekly Physical Rehabilitation-Occupational Therapy staff conferences, Naval Hospital, Bethesda.

(1) LTJG Stephen A. Faherty, MSC USN, Occupational Therapist, attended Workshop sponsored by Occupational Therapy Assistants Program of the Community College of Baltimore: "Application of the Developmental Theory of Cognitive Learning based on Piaget," March and April, 1972.

(m) The annual meeting of the American Psychiatric Association in Dallas, Texas in May, 1972 was attended by CAPT Alan G. Miller, LCDR Walter T. Davison, LCDR John O. Lipkin, LT Thomas G. Carlton, LT Harold D. Scott and HM3 Peter Christopher.

4. Academic and Committee Appointments and Other "Honors":

(a) LCDR George S. Glass, MC USNR was discussant on two papers on psychedelic drugs at the annual meeting of the American Psychiatric Association, Dallas, Texas, May, 1972.

(b) LCDR Stuart L. Kaplan, MC USNR became a Diplomate of American Board of Psychiatry and Neurology, March, 1972; General Member, American Academy of Child Psychiatry, June, 1972; appointed Instructor in Child Psychiatry, George Washington University.

(c) LCDR Lawrence Y. Kline, MC USNR became a Diplomate of the American Board of Psychiatry and Neurology, March, 1972.

(d) Dr. Bruce Becker received appointment to Society for Neurosciences; honorary member, British Brain Research Society.

5. Lectures Given:

(a) CAPT Alan G. Miller, MC USN delivered lecture entitled

"Myth of Masculinity," to the Association for the Advancement of Psychoanalysis, February, 1972.

(b) CAPT Orren L. Royal, MC USN delivered lecture on Alcohol and Drug Abuse to the Physician's Aid Screeners Course, Naval Hospital, Bethesda.

(c) LCDR Walter T. Davison, MC USNR delivered audio visual presentation on "Self Exposure Experience with Suicidal Patients" at the annual convention of the American Psychiatric Association, Dallas, Texas, May, 1972.

(d) LCDR Robert A. Glick, MC USNR delivered various lectures on Clinical Psychiatry to the Dental Staff, Occupational Therapy-Physical Therapy Technicians, Neuropsychiatric Technicians; and lectured on Clinical Psychiatry to the Clinical Staff at Naval Hospital, Quantico, Virginia, March, 1972.

(e) LCDR George S. Glass, MC USNR delivered lecture on Psychedelic Drugs at St. Elizabeths Hospital, April, 1972.

(f) LCDR Lawrence Y. Kline, MC USNR delivered lecture on "Epidemiology of Suicide" at First Annual Symposium on Suicide, Naval Hospital, Bethesda, Md., March, 1972.

(g) Dr. Rex V. Naylor, Speech Pathologist, delivered several lectures on Physiology and Pathology of Speech to residents in Maxillofacial Prosthetics, Naval Hospital, April, 1972; lectured on Evaluation and Physiology of Speech, Continuing Education Course in Maxillofacial Prosthetics, to Naval Graduate Dental School, NNMC, May, 1972.

(h) HM3 Peter Christopher delivered lecture on "Use of Video Tape After Attempted Suicide," at annual meeting of the American Psychiatric Association, May, 1972.

6. Papers Published:

(a) CAPT Thomas H. Lewis, MC USN: "The Oglala (Teton-Dacota) Sun Dance and the Vissicitudes of Its Structures and Functions," in Plains Anthropologist, 1972; "Field Notes on the Dry Season Birds of Nayarit," in the Texas Journal of Science, Vol XXIII, No. 1, October, 1971; Book Review on "The Planned Environment in Psychiatric Treatment," by Arthur D. Colman, in the American Journal of Psychiatry, 128.5, November, 1971.

(b) LCDR Loren D. Acord, MSC USN, Deputy Director of Training and Research, Psychology Branch: "Hallucinogenic Drugs and Brain Damage, in Military Medicine, January, 1972.

(c) LCDR George S. Glass, MC USNR: "Psychiatric Emergency Related to the Menstrual Cycle," in American Journal of Psychiatry, December, 1971.

(d) LCDR Stuart L. Kaplan, MC USNR: "Treatment of Two Silent Adolescent Girls," accepted for publication February, 1972 by American Academy of Child Psychiatry Journal.

(e) Dr. Rex V. Naylor, Speech Pathologist: "The Stutterer: How You Can Help," in Accent on Youth, January, 1972.

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7. Research Activities:

(a) CAPT Thomas H. Lewis, MC USN; "Studies of Suicide Prevention" with LCDR Walter T. Davison, MC USNR, Dr. H. L. P. Resnick, et al.

(b) CAPT Orren L. Royal, MC USN continued research on "Effects of Sensory Deprivation on Cortical Alpha Rhythm," and "Study of Sleep and Wakefulness Cycles During Sensory Deprivation."

(c) LCDR Loren D. Acord, MSC USN: "Psychometric Evidence of Brain Damage (MMPI); and continued research on "Hallucinogenic Drugs and Brain Damage."

(d) LCDR Walter T. Davison, MC USNR continued research on "Self Exposure Experience in Self Destructive Behavior."

(e) LCDR George S. Glass, MC USNR continued research on Psychodelic Drugs, Menstrual Cycle and Alcoholism.

(f) LCDR Stuart L. Kaplan, MC USNR: "Clinical Study of Male Wrist Cutters."

(g) LCDR Lawrence Y. Kline, MC USNR continued research on "Bewitchment, A Folk Mental Illness Amongst Mexican-Americans."

(h) LT Edward J. Fik, III, MC USNR: Investigating the dynamics and descriptive data of men who cut their wrists.

(i) Dr. Norris Weinberg: research for pilot study of "male wrist slashers"; reviewed literature and order equipment for study of neuropsychological performance of "minimal brain dysfunction" children.

(j) Dr. Rex V. Naylor: "Effects of Visual Confrontation on the Outcome of Therapy for Individuals Who Stutter," (submitted paper for presentation at American Speech and Hearing Association Convention, San Francisco, 1972).

(k) HM3 Peter Christopher, Research Corpsman for Department of Psychiatry: "Suicide and the 'Court Jester!'"

8. Other Items of Interest:

(a) CAPT Orren L. Royal, MC USN participated in seminar on Sleep and Dream Stages During Sensory Deprivation Experiment with Dr. Thomas I. Myers, American Institute of Research and Dr. William Dement, Stanford University, at Naval Hospital, Bethesda, August, 1971.

(b) LCDR Robert A. Glick, MC USNR was appointed Psychiatrist in Charge of Emergency Psychiatric Services at the Vanderbilt Clinic of Columbia Presbyterian Hospital, New York (effective July, 1972).

(c) LCDR George S. Glass, MC USNR was appointed Ward Medical Officer on Alcohol Rehabilitation Program.

(d) LCDR Lawrence Y. Kline, MC USNR became corresponding member, Association of Psychiatrists in Africa.

(e) LCDR Robert S. Knapp, LT Thomas G. Carlton, LT Herbert M. Tanenhaus, LTJG David F. Reinhart and LTJG James A. Scaramozzino received shipboard orientation and training aboard USS Neosho, May, 1972.

(f) Miss Elizabeth Broomhead, Clinical Psychologist, retired July, 1971 after 25 years in the Psychology Branch; also was the first woman to receive the Navy Civilian Career Achievement Award.

(g) Dr. Rex V. Naylor initiated videotape recordings, with sound, of velopharyngeal function during speech, to assist in determination of surgical, orthodontic or prosthetic treatment and/or speech therapy for patients with cleft palate or other oral anomalies presented at Cleft Palate Conferences, NNMC; completed production of two films, based on videotape recordings of individuals who stutter, using a special split-screen technique: (1) "Stuttering: Before and After Speech Therapy"; HAPMB 112, Medical Film Library, NMS, NNMC, December, 1971, and (2) "Variations in the Occurrence of Stuttering"; HAPMB 112, Medical Film Library, NMS, NNMC, December, 1971.

(h) A Navy training film, entitled "Nursing The Psychiatric Patient," was filmed here on location. CDR Anna Nicholson, NC USN, former Nursing Instructor, began as technical advisor long before the H. G. Peters Corporation film crew arrived. LCDR A. Sheehan, NC, USN, present Nursing Instructor, assisted the film-makers and Mr. Charles Green of Medical School Film Division with production. It was filmed on Ward 7-C and included professional staff with the assistance of some of our Navy personnel. It will be sent to all Naval Hospitals to be used as a training aid for nursing service personnel.

## Q. RADIOLOGY SERVICE

In July, 1971 Drs Johnson, Pauli, and Varma released from active duty. Radiologists J. Armstrong, M. Holzer, L. Heck, and R. Magen reported aboard. 1st year residents Drs Greeson, Buchanan, Langhus, and Berta reported aboard. HM1 Helms and HM2 Lockhart transferred. Drs Petterson and Jamarik resigned.

Radiologic Technician class 7107 students, HM2 E. Ottman, USCG, HM2 J. McClure, HM2 K. Kivlin, HM3 B. Holden, HM3 R. Hall, HM1 S. Foster(W), HM2 A. O'Dell, HM3 R. Kasten, HM3 T. Stemp, HN D. Holland, and HN R. Doorak graduated.

Westinghouse C-50 with Chestomat Auto Film Changer was installed in "A" room, and a GE 500 MA, 150 KVP Flourscoptic unit was installed in "D" room.

In August, 1971 HM3 Kennedy, HN Presco, and HN Ramsey reported aboard for duty. HM2 Sassman was transferred.

In September, 1971 Radiologic Technician class 7102 convened the following students: HM2 C. Foster, HM1 R. Frost (USCG), HM3 R. George, HN C. Cass(w), HM1 W. Lower(USCG), HM3 W. Schottenheimer, HM3 S. Seely, HM1 L. Stanhobe(USCG), HM3 C. Stovakk(w), HN A. Tiziani, and HM3 S. Viellieux(w).

In October, 1971 ENS N. Barber, MSC, and HM3 Frey reported aboard for duty.

In November, 1971 HM2 Schuster was detached.

A GE 600 MA, 150 KVP Fluro Unit was installed in "B" room and a Westinghouse unit in "C" room and a Picker unit in "G" room were surveyed.

In December, 1971 HM2 Newton and Dr. Anderson were detached.

In January, 1972 HMC Herring reported aboard for duty.

In February, 1972 a GE 600 MA 150 KVP radiographic unit with Franklin Head Stand was installed in room "C".

In March, 1972 HM2 Couser reported aboard for duty. Radiologic Technician class 7102 students HM2 C. Foster, HM3 George, HN Cass(w), HM1 W. Schottenheimer, HM3 S. Seely, HM1 Stanhope (USCG), HM3 C. Tiziani(w), HN A. Tiziani, HM3 S. Viellieux(w) graduated.

April, 1972 was uneventful.

In May, 1972 HM3 Bursell reported aboard for duty. Radiologic Technician class 7201 convened with the following students: HM3 J. Boyd, HM3 P. Constant, HM3 P. Custodio, HM3 Hunter, HN L. Witte, HM2 R. Darling(USCG), HM1 R. Hudson (USCG), HM3 D. Parker (USCG), HM1 R. Salud(USCG), HM3 P. Deroo(w), and HM3 A. Miles.

In June, 1972 HN Barksdale reported aboard for duty and HM2 Scott was detached.

Picker 500 KVP flouro unit with linear tomography was installed in room "G".

R. General Surgery

1. Captain B. C. Cole relieved Captain T. H. Wilson, Jr. as Chief of Surgery, in August 1971. Commander D. L. Sturtz joined the staff in September 1971.
2. A total of 8106 operative procedures were performed in the Main Operating Room in calendar year 1971. The air conditioning ductal system was completely cleaned in January 1972 and new terminal filters were installed. The cooling coils were replaced in June 1972.
3. The Intensive Care Unit, Ward 7B, opened in September 1971. It has functioned smoothly and provided maximum care to an average daily census of 9 critically ill patients. LCDR J. E. Zimmerman was responsible for the daily operation of the unit, as Ward Medical Officer.
4. The Organ Transplantation Program received new impetus as the result of a cooperative effort between the Naval Hospital and the Naval Medical Research Institute. This joint venture came to fruition in May 1972 with the successful transplantation of a human kidney from a living related donor. Early expansion of the program to include cadaver organs is anticipated.
5. The performance of all extrathoracic vascular surgery was consolidated on the general surgery service in 1971.
6. The scientific program for the first morning of the annual meeting of the Eastern Surgical Society, on 20 April 1972, was arranged by the Chief of Surgery and presented by members of the several surgical disciplines.

7. Captain Cole served as a panelist on "Management of Diverticulitis" at the Current Concepts in Medicine Symposium held at the Naval Hospital, Bethesda in September 1971. Captain W. J. Fouty presented a paper on "Acute Stress Cholecystitis" at the same symposium. Captain Cole also presented a paper at Doctors' Hospital, Washington, D. C., and Captain Fouty presented papers at the Gary Wratten Symposium, Washington, D. C., and the Annual Trauma Symposium, San Antonio, Texas.

8. The Clinical Congress of the American College of Surgeons, held in Atlantic City in October 1971; the Annual Meeting of the Association of Military Surgeons of the U. S., held in Washington, D. C. in December 1971; and the Southeastern Surgical Congress, held in Washington, D. C., in March 1972 were well attended by staff and residents. Captain Cole participated in the Specialty Advisory Committee Meeting in October 1971; the meeting of the Surgery Committee of the Society of Consultants to the Surgeons General of the Armed Forces in December 1971; and the American College of Surgeons Workshop on Apparel in the Operating Room in May 1972.

9. The internal organization of the Surgical Service was changed in order to better distribute the work load, and improve teaching. Surgery I and II are responsible for both enlisted male and dependent patients, while Surgery III cares for officer and vascular surgery patients. Each of these services has two staff surgeons assigned, plus a senior and a junior resident, and an intern.

10. An Environmental Health Officer and an Infection Surveillance Nurse were assigned to the Committee on Infections, greatly enhancing the effectiveness of that committee.

11. Two new consultants were approved for the Surgical Service:  
J. Richard Thistlethwaite, M.D., Associate Clinical Professor in  
Surgery, George Washington University, and Alfred S. Ketcham, M.D.,  
Clinical Director, National Cancer Institute.

12. Visiting lecturers included Dr. Joseph B. Kirsner, Dr. Frank R.  
Johnston, Dr. James W. Wilson, Dr. George P. Noon, Captain Joseph T.  
Mullen, and Commander William Gee.

13. The following publications were authored by members of the staff  
or residents:

Cole, B. C. and Dickinson, S. J.: Acute Volvulus of the Stomach in  
Infants and Children. *Surgery* 70: 707-717, 1971.

Williams, S. W., Majewski, P. L., Norris, J.E.C., Cole, B. C., and  
Dochan, D. J.: Biliary Decompression in the Treatment of Bilo thorax.  
*American Journal of Surgery* 122: 829-831, 1971.

14. Dignitaries treated by the Surgical Service included Senators  
Bennett, Javits and Goldwater; VADM Smith; Clerk of the House Jennings;  
Associate Justices Marshall and Clark; Congressmen Albert, Steed,  
Stanton, Rogers, Moss, Jordan, Eshleman and Morgan.

S. CARDIOVASCULAR AND THORACIC SURGERY SERVICE

1. Personnel

- a. Commander Donald K. Roeder, MC, USN, was detached in August 1971.
- b. LCDR John R. Fletcher, MC, USN, began his residency in September 1971.
- c. LCDR John R. Fletcher, MC, USN, was promoted to Commander on 9 June 1972.

2. The following cumulative statistics are presented:

	1969 (7-1-71 thru	1970	1971	1972
a. Admissions	311	372	309	256
b. Major operations	222	265	295	250
c. Minor operations	143	149	109	87
Bronchoscopies	78	85	72	62
Esophagoscopies	26	24	20	17
Node biopsies	26	11	2	2
d. In-patient consults	159	215	218	170
e. Open-heart patients	49	59	101	156
f. Other cardiovascular	34	25	40	41
g. Peripheral vascular	18	25	8 being done by general surgery	
h. Pulmonary cases	74	60	60	55
i. Other major cases	47	81	91	65

T. UROLOGY SERVICE

1. The Urology Out-Patient work-load increased from calendar year 1970 to calendar year 1971 from 12,200 to 16,500, an increase of approximately 30%. The number of prostatectomies has increased by approximately 25%.
2. The Urology Service has been approved for two residents at each year level. There are presently six residents at all levels. This will be an increase to eight residents in approximately three years.
3. Meetings attended:
  - (a) American College of Surgeons - Atlantic City, Doctors Edson, Seckler attended. O'Connell attended a course in pre and postoperative care.
  - (b) Kinbrough Urologic Seminar - San Francisco, Dr. Mac Lean presented the Bethesda Motion Picture, "Vasectomy". Dr, O'Connell presented a paper, "Post Vasectomy Hormone Levels".
  - (c) Navy Transplant Conference - Bethesda, attended by Doctors, Edson, Mac Lean, Robertson, Seckler, and O'Connell.
  - (d) South Eastern Section Meeting, American Urologic Association - New Orleans, attended by Dr. Seckler.
  - (e) American Urologic Association - Washington, attended by Doctors Edson, Jones, Mac Lean, Robertson, Seckler, O'Connell, Talton, Hitt and Mac Donald. Dr. Edson's support in the arrangements and entertainment was publically lauded by Dr. Jarman at the opening of the meeting.
  - (f) American Urologic Association Assistants Meeting was attended by V. Foley, R. N., HM2 Schagane, HM3 Johnson, HM3 Atkins and

HM3 Andrews.

(g) Washington Pediatric Urologic Conference was attended by Drs.

Edson, Jones, Mac Lean, Robertson, Seckler, O'Connell, Talton, Hitt and MacDonald.

(h) Eastern Surgical Society - Bethesda, Captain Edson presented a paper entitled, "Chemotherapy of Testes Tumors."

(i) National Cancer Institute Conference on testes tumors - Captain Edson was invited to attend and participate.

(j) Hahnemann Medical College Conference - Captain Edson was invited to present a paper and make rounds.

(k) Washington Urologic Residents Conference was attended by Doctors Edson, Jones, MacLean, Robertson, Seckler, O'Connell, Talton, Hitt and MacDonald. Dr. O'Connell and Dr. Seckler presented papers.

4. The Urology Service is actively involved in education of Physician's Assistants and Screeners, and presented three 8-hour lecture series in the past year.

5. Captain Edson presented a Staff Conference at Quantico Naval Hospital in January.

6. Commander Jones presented a Staff Conference at Annapolis Naval Hospital in February.

7. The Bethesda Urology Service continues its urologic support to Annapolis and Quantico Naval Hospitals with monthly urology clinics seeing approximately 40 patients each month at each hospital.

8. The Bethesda Urology Service continues to perform vasectomies on an outpatient basis. Approximately 2,000 vasectomies have been performed to date.

9. LCDR O'Connell spent a three-month Urologic Pathology rotation at AFIP.
10. LCDR Talton completed a nine-month rotation on General Surgery and a three-month rotation on Nephrology.
11. Monthly meetings with the Urology Department of Walter Reed General Hospital to discuss interesting Urologic cases and x-rays has continued to be of great value for promoting an outstanding relationship between Walter Reed and Bethesda. These conferences have great training value for residents.
12. The Urology Department has continued to attend the meetings of the Washington Urologic Society at Doctors Hospital.
13. The Urology Department participates in the Joint Pediatric Urologic Conference held bimonthly in the Pediatric Clinic.
14. Two new doctors offices were constructed during the past year and the Urology laboratory was relocated near the front of the clinic. A new x-ray unit was installed in 1972. Continuing plans have been made to remodel and improve the appearance and operation of the urology clinic.

OPERATING SERVICES DIVISION

1. The Division consists of:

- a. Finance & Materiel Liaison Branch
- b. Housekeeping Branch
- c. Security Branch
- d. General Support Branch
- e. Patient Escort

2. LT Robert Peck, MSC USN, served as Chief of Division until relieved by LT James L. Smith, MSC USN on 1 November 1971. LT R. D. Reynolds, MSC USN relieved LT Smith on 8 March 1972 as Chief of Division. LT Clemeth Finley was designated Environmental Health Officer in November 1971 and has served as Head, Housekeeping Branch since 8 March 1972. ENS T. R. Defibaugh, MSC USN is Head, Security Branch and Finance Liaison Officer. HMCM W. C. Sanders, USN, the Division Administrative Assistant was promoted to E-9 on 1 March 1972. Mr. George Hoover was promoted to GS-6. The enlisted on-board strength was increased to thirty-five.

3. Significant Division activities are summarized below:

a. General. The relocation of tower wards and construction activity significantly increased the workload of this Division.

b. Finance and Material Liaison Branch. Austere funding limited hospital procurement to essential supplies and services, payroll and replacement equipment.

c. Housekeeping Branch. The branch composed of twenty-nine housekeepers was augmented by Navy hospital corpsmen. Prior to relocating tower wards into their remodeled spaces, the Housekeeping Branch conducted a thorough cleaning.

d. Security Branch. The branch composed of one officer and two hospital corpsmen performed routinely.

e. Patient Escort Branch. The branch headed by HMC Mary L. Plum, USN consists of seven escorts. The branch increased the average number of runs per month by approximately 250 without an increase in personnel.

4. Operating Services Division has been totally involved in hospital housekeeping, equipment installation, storage and survey, and a myriad of other activities too numerous to list.

PATIENT AFFAIRS DIVISION

1. In August 1972 CDR GOBBEL was relieved as Patient Affairs Officer by LCDR DE LISLE.
2. This division is presently authorized 14 military personnel on the Manpower allowance, all of which are petty officers. Presently six billets are filled by petty officers the remainder by E-2 and E-3's.
3. Patient Affairs is currently authorized 31 civilian billets. At the present time there are 4 vacancies.
4. No significant change in assignment of duties or functions.
5. Decedent Affairs office was relocated in Room 258 building 1.

PERSONNEL DIVISION

1. During the period between June 1971 and September 1971 there were 17 - Youth Opportunity Campaign and 1 Civilian Summer hires on boards.
2. During 1971, the civilian ceiling was decreased from 492 to 481.
3. During fiscal year 1972, this division transferred 698 personnel.
4. 57 newly commissioned medical officers were given an orientation course to acquaint them with the Navy.
5. The following is a comprehensive summary of our personnel allowance as of 30 June 1972.

<u>ENLISTED</u>	MCPO	SCPO	CPO	PO1	PO2	PO3	E-3	E-2	TOTAL
BASE ACCOUNT	3	6	20	40	83	126	176	33	487
MISC HM TRA ACCOUNT	0	0	3	0	3	1	0	0	7
STUDENT ACCOUNT	0	0	0	0	7	19	21	0	47
VETS ACCOUNT	0	0	0	0	0	0	0	1	1
AUGMENT ACCOUNT (STUDENT)	0	0	0	0	25	27	47	0	99
TOTALS	3	6	23	40	118	172	245	34	641

<u>OFFICER</u>	FLAG	CAPT	CDR	LCDR	LT	LTJG	ENS	TOTAL
BASE ACCOUNT	0	22	30	104	125	37	30	348
VETS ACCOUNT	0	0	0	0	2	0	0	2
TOTALS	0	22	30	104	127	37	30	350

6. The Personnel Division of the Naval Hospital was disestablished on 19 June 1972 when all personnel functions were consolidated into one Military Personnel Department, National Naval Medical Center.

## OVERVIEW OF HOSPITAL ADMINISTRATION

During the past year several major facility renovations were completed or initiated. The central air conditioning project in buildings 1 and 2 was completed and operational throughout most of the summer. Along with that work, operation "facelift" was extended throughout the towers and the enlisted wards. Tower wards received new vinyl wall covering, carpeting and lively color designs highlighted by pictures and drapes. The overall aesthetic appeal of the patient rooms was very well received. A coat of paint with lowered acoustical ceilings and new lighting made a vast improvement in the appearance of the enlisted wards.

The newly redesigned emergency room was completed and put into operation, offering such specialty areas as a cardiac unit and trauma room. The new ER features a flexible triage-observation center completely equipped so that each physician has ready accessibility to whatever he should need. A concurrent shift of the admissions office provides a free flow of functions and includes a much-needed waiting room.

The laboratory continued to progress toward its total renovation. New hematology, blood bank, and anatomic pathology sites were opened, as well as remodeled spaces for microbiology, the lab residents and administration.

Tower 8 became fully operational, encompassing the transportation and renal dialysis programs. The two new laminar flow or life island units were activated for the care of patients suffering from such diseases as aplastic anemia and leukemia.

## OVERVIEW OF HOSPITAL ADMINISTRATION (Cont'd.)

A modern and streamlined pharmacy opened to better serve the patients and wards. Several unique innovations such as mobile, teached shelving and automated conveyor processing were of note here. In the former spaces, the new facilities of physical rehabilitation were constructed so as to be adjacent to the physical and hydrotherapy sections, providing a continuum for the physical medicine service.

400-1-812

### CONCLUSIONS

The past year presented increased resource requirements and there were continued problems with availability of skilled personnel and support capabilities. Losses of hospital corpsmen were substantial and staffing patterns were substantially reduced over last year. With the advancement of various specialty services the role of the paramedical technician has become critical and the support activities rendered per patient have increased greatly in recent years. Problems associated with the availability of these personnel - as well as ward corpsmen - and provision of their necessary medical support continues to be a principle concern of this command.

Of significant importance to the command was the continued progress of the Core Study for the development of a new medical facility at Bethesda. RTKL completed its survey and submitted final implementation recommendation to the command and to the Bureau. Final results provided for conversion of much of the current structural space to educational and administrative functions while constructing a new inpatient facility adjacent to the present hospital.

Throughout the year, further advancements were made in diagnostic and therapeutic procedures, including the operation of the laminar flow life island units for kidney and bone marrow transplants. Agreements were fostered between the hospital and Georgetown, George Washington and Howard Universities for the teaching of medical students at Bethesda for various clinical experiences. This amounted to a great boost in the medical education program at Bethesda and possesses great potential for further cooperation.



CHRONOLOGY OF COMMANDING OFFICERS

CAPTAIN R. E. HOYT, MC, USN	5 Feb 42 - 15 Aug 42
CAPTAIN J. HARPER, MC, USN	15 Aug 42 - 12 Apr 45
CAPTAIN R. E. DUNCAN, MC, USN	12 Apr 45 - 15 Jul 46
CAPTAIN C. C. MCCORMACK, MC, USN	15 Jul 46 - 6 Sep 46
CAPTAIN L. O. STONE, MC, USN	6 Sep 46 - 1 Aug 49
CAPTAIN F. C. GREAVES, MC, USN	1 Aug 49 - 1 Mar 50
CAPTAIN R. M. GILLET, MC, USN	1 Mar 50 - 16 Jul 51
CAPTAIN B. W. HOGAN, MC, USN	16 Jul 51 - 30 Jun 53
CAPTAIN G. B. TAYLOE, MC, USN	30 Jun 53 - 12 Sep 55
CAPTAIN E. C. KENNEY, MC, USN	12 Sep 55 - 10 Mar 58
CAPTAIN F. P. KREUZ, MC, USN	10 Mar 58 - 31 Mar 60
CAPTAIN R. B. BROWN, MC, USN	31 Mar 60 - 16 Feb 62
CAPTAIN R. O. CANADA, MC, USN	16 Feb 62 - 29 Jan 65
CAPTAIN G. M. DAVIS, MC, USN	29 Jan 65 - 30 Jun 66
REAR ADMIRAL H. S. ETTER, MC, USN*	30 Jun 66 - 30 Jun 67
REAR ADMIRAL D. P. OSBORNE, MC USN**	30 Jun 67 - 1 Oct 69
REAR ADMIRAL W. C. TURVILLE, MC, USN***	1 Oct 69 - 17 Jul 70
REAR ADMIRAL D. L. CUSTIS, MC, USN****	17 Jul 70 -

\* Promoted to Rear Admiral 1 Jan 67

\*\* Promoted to Rear Admiral 1 Aug 69

\*\*\* Promoted to Rear Admiral 17 Jul 70

\*\*\*\* Promoted to Rear Admiral 1 Sep 72

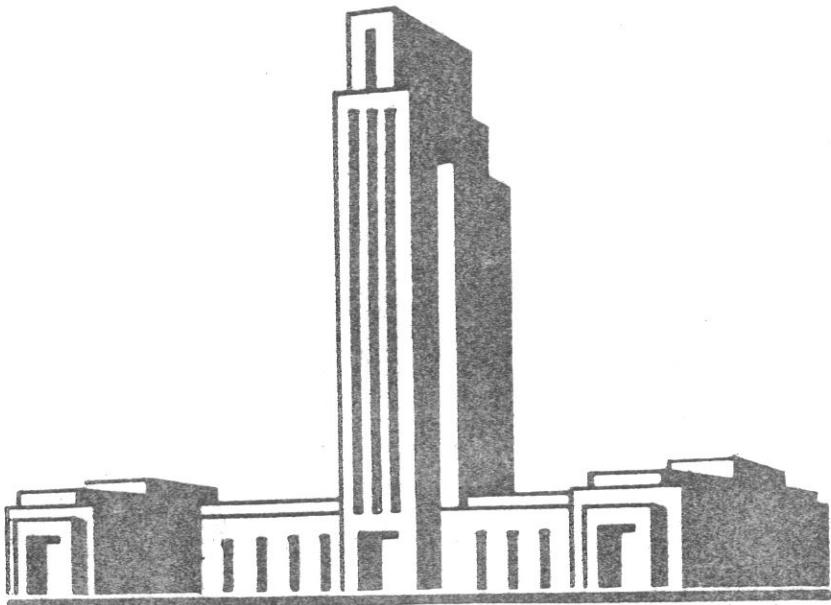




NHBETHINST 5400.1F  
10 SEPTEMBER 1970

# ORGANIZATION MANUAL

NAVAL HOSPITAL  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND



NAVAL HOSPITAL  
NATIONAL NAVAL MEDICAL CENTER  
FORT BELVOIR, MARYLAND

NHBETH 5400.1F  
CODE 04  
10 September 1970

NHBETH INSTRUCTION 5400.1F

From: Commanding Officer  
To: Distribution List

Subj: Hospital Organization Manual

Encl: (1) Organization Manual, Naval Hospital, National Naval Medical Center dtd 10 September 1970

1. Purpose. This instruction promulgates the Organization Manual for the Naval Hospital, National Naval Medical Center, Bethesda, Maryland.

2. Cancellation. NHBETH Instruction 5400.1E is hereby cancelled and superseded.

3. Scope. In accordance with Navy Regulations, Manual of the Medical Department, and such other directives as are issued by competent authority and applicable to naval hospitals, the organization manual of this hospital is set forth in Enclosure (1).

4. Services. The Commanding Officer will designate, in writing, each Chief of Service, who shall be responsible for the efficient administration of all facilities pertaining to the Service and for the proper care and treatment of all patients assigned to the Service. During the absence of the designated Chief of Service, the officer assigned to that Service next in rank shall assume the responsibilities of the Chief of Service. The duties of Chiefs of Services are outlined in Navy Regulations under "General Duties of Heads of Departments," and in the Manual of the Medical Department.

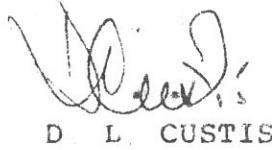
5. Divisions. The Commanding Officer will designate, in writing, each Chief of Division, who shall be responsible for the efficient administration of all functions of the Division. During the absence of the designated Chief of Division, the officer assigned to that Division next in rank shall assume the responsibilities of the Chief of Division. The duties of Chiefs of Divisions are outlined in Navy Regulations under "General Duties of Heads of Departments," and in the Manual of the Medical Department.

6. Boards and Committees. The Commanding Officer will designate in writing individuals appointed to local boards and committees of temporary or permanent nature, established as deemed necessary in furtherance of the mission or the administration of the hospital. Local Boards and committees are established by the Commanding Officer or on orders of competent authority.

NHBETH 5400.1F  
CODE 04  
10 September 1970

When performing the function as a member of local boards and committees, all members are responsible to the Commanding Officer. The aforesated shall not be construed to preclude the appointment of a member of this command to a board or committee established by higher authority

7. Special Assistants The Marine Officer in Charge of the Hospital Marine Corps Liaison Section and the Field Director, American Red Cross, shall serve as Special Assistants to the Commanding Officer



D. L. CUSTIS

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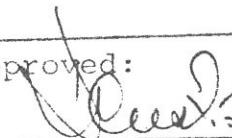
CHAIN OF COMMAND

CHIEF  
BUREAU OF MEDICINE & SURGERY  
NAVY DEPARTMENT  
WASHINGTON, D. C.

COMMANDING OFFICER  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND

COMMANDING OFFICER  
NAVAL HOSPITAL  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND

DATE:  
10 September 1970

Approved:  
  
Commanding Officer

Naval Hospital  
National Naval Medical Center  
Bethesda, Maryland      Chart No. 1

AREA COORDINATION

COMMANDANT  
NAVAL DISTRICT  
WASHINGTON, D. C.

COMMANDING OFFICER  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND

COMMANDING OFFICER  
NAVAL HOSPITAL  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND

DATE:  
10 September 1970

Approved: *John S.*  
Commanding Officer

Naval Hospital  
National Naval Medical Center  
Bethesda, Maryland      Chart No. 1-A

NHBETHINST 5400.1F  
10 September 1970

U. S. NAVAL HOSPITAL  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND 20014

PART I - MISSION, TASKS AND COMMAND RELATIONSHIPS

1. Mission. To provide general clinical and hospitalization services for active duty Navy and Marine Corps personnel, active duty members of the other armed services, dependents of active duty personnel, and other authorized persons as outlined in current directives. To cooperate with military and civil authorities in matters pertaining to health, sanitation, local disasters, and other emergencies.

2. Tasks. The following specific tasks are assigned to accomplish the mission.

a. Perform the functions of a regional hospital for those activities outlined in current DOD directives.

b. Provide specialized treatment in the following specialties for the Navy as a whole and other authorized personnel:

- (1) Thoracic and cardiovascular surgery
- (2) Plastic surgery
- (3) Keratoplasty
- (4) Neurosurgery
- (5) Surgery for the deaf
- (6) Oncology
- (7) Neurology
- (8) Tropical diseases
- (9) Radiation therapy
- (10) Nuclear medicine
- (11) Ocular prosthesis, acrylic
- (12) Open-heart surgery
- (13) Malaria cases (Southeast Asia)
- (14) Melioidosis cases
- (15) Organ transplantation and hemodialysis

c. Provide, train, and maintain augmentation personnel for immediate availability to the operating forces as provided in current instructions.

d. Provide personnel for, train, and maintain surgical teams to be immediately available to the operating forces when directed by Chief of Naval Operations and for use by the Commandant, Naval District, Washington, D. C. in disaster control.

e. Maintain a certain number of beds for Veterans Administration patients.

f. Provide dispensary services for the staff and students of the Center Command.

g. Conduct approved residency training programs in the following specialties:

- (1) Anesthesiology
- (2) Internal Medicine
- (3) Obstetrics and Gynecology
- (4) Ophthalmology
- (5) Orthopedic Surgery
- (6) Otolaryngology
- (7) Pediatrics
- (8) Plastic Surgery
- (9) Psychiatry
- (10) Radiology
- (11) Surgery
- (12) Thoracic and Cardiovascular Surgery
- (13) Urology
- (14) Anatomical Pathology
- (15) Neurology

h. Conduct the following Fellowship Training Programs:

- (1) Cardiovascular Disease
- (2) Gastroenterology
- (3) Hematology
- (4) Pulmonary Disease

i. Conduct an internship training program.

j. Conduct clinical clerkship (Ensign 1915) program for Senior Medical Students.

k. Conduct formal training of Group X hospital corpsmen to the technical specialties outlined in current BUMED directives as follows:

<u>School</u>	<u>Length</u>
Cardiopulmonary	52 weeks
Operating Room	26 weeks
Eye, Ear, Nose and Throat	26 weeks
Urology	26 weeks
Electrocardiograph & Basal Metabolism	16 weeks
Electroencephalography	16 weeks
Neuropsychiatry	16 weeks
X-ray	Last 26 weeks of 52-week course
Laboratory	60 weeks

l. Provide on-the-job specialty training for Group X hospital corpsmen as appropriate.

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m. Conduct in-service training for Group X hospital corpsmen.

n. Perform care-of-the-dead program under the general supervision of the Bureau of Medicine and Surgery and in coordination with the program administered by the Commandants as outlined in current directives.

o. Provide primary medical support for Battery A, Fourth Battalion (HERC) First Artillery, U. S. Army, Rockville, Maryland. (Hdq. 2nd U. S. Army Regulation 700-2-16 of 1 Jan 66)

p. Provide or undertake such other appropriate functions as may be authorized or directed by higher authority.

3. External Command Relationships. This hospital is one of seven component commands comprising the National Naval Medical Center. The external command relationship for this command is as follows:

a. Command: Chief, Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

Commanding Officer, National Naval Medical Center, Bethesda, Maryland

b. Area Coordination: Commandant, Naval District Washington, Washington, D. C.

Commanding Officer, National Naval Medical Center, Bethesda, Maryland

4. Logistic Support. The following logistic support is provided to this hospital.

a. Logistic support is provided by the National Naval Medical Center, for Fiscal, Maintenance, Supply, Disbursing, Civilian Personnel Management, Special Services, Navy Exchange, Legal Assistance and Chaplain Service.

b. Clinical Research assistance, Tissue Bank and Hyperbaric Chamber are provided by the Naval Medical Research Institute.

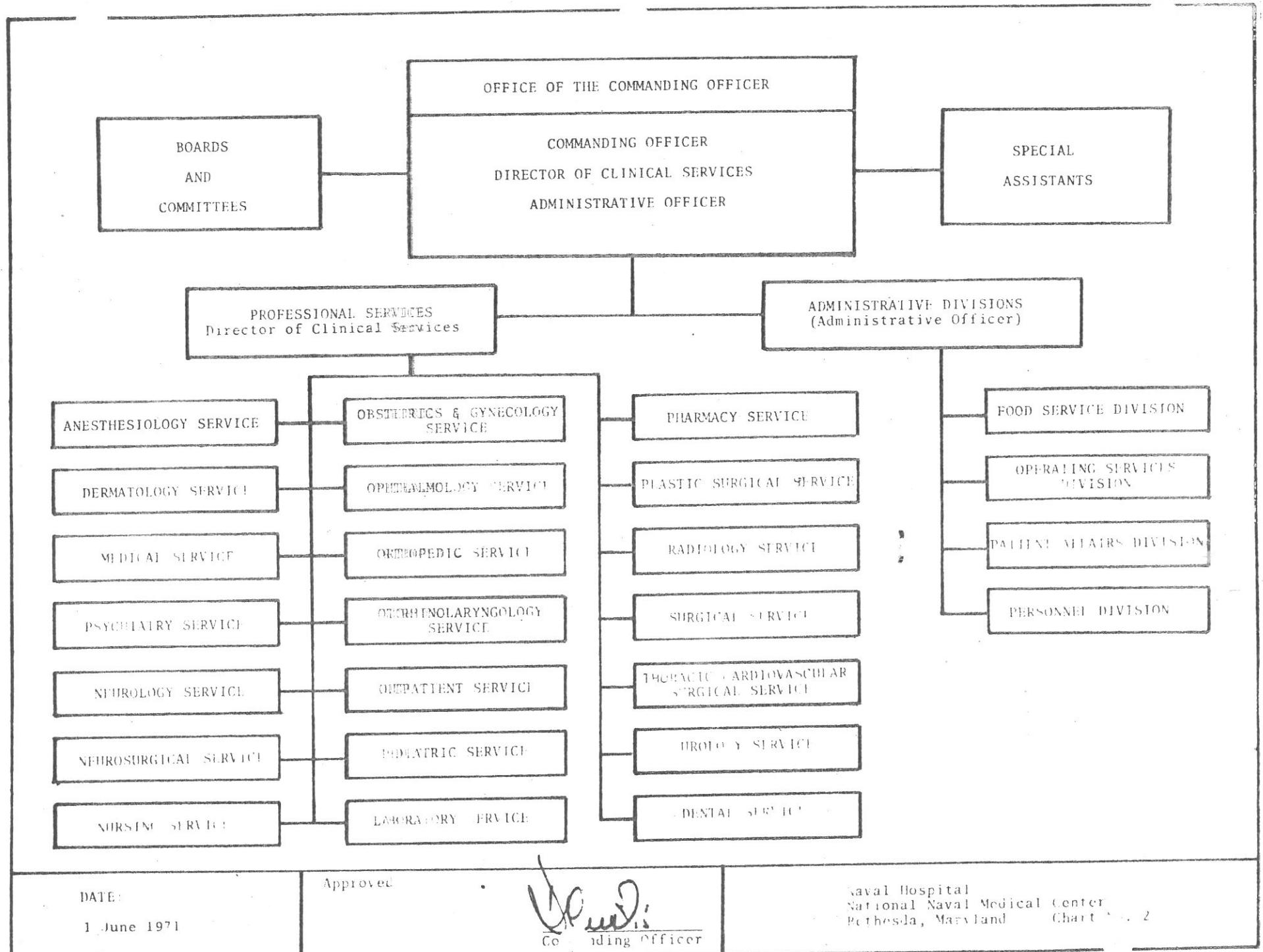
c. Dental services are furnished by the Naval Dental School Command.

d. The Food Service Division of this hospital provides necessary messing services for all commands of the National Naval Medical Center.

e. This hospital provides continuous training for Hospital Corps personnel for all commands of the National Naval Medical Center.

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f. The Officer of the Day of the hospital assumes the duties of the Senior Duty Officer for the National Naval Medical Center after regular working hours.



PART II - OFFICE OF THE COMMANDING OFFICER

1. The Commanding Officer.

a. The Commanding Officer is charged with the command, organization, and management of the hospital for the purpose of accomplishing its mission as effectively and economically as possible. Subject to the orders of higher authority, he exercises complete military jurisdiction within the hospital reservation. He is responsible for the professional care of patients and for the safety and well-being of the entire hospital command. His duties and responsibilities are described in Navy Regulations and the Manual of the Medical Department.

b. The Commanding Officer may, at his discretion and when not contrary to law or regulations, delegate duties to the Director of Clinical Services, the Administrative Officer, and other subordinates, as appropriate, to the maximum extent consistent with the retention of control. Such delegations of authority, however, in no way relieve the Commanding Officer of the responsibilities inherent in command.

c. The Commanding Officer is an officer of the Medical Corps.

2. The Director of Clinical Services.

a. The Director of Clinical Services is the direct representative of the Commanding Officer in coordinating the internal administration of the hospital. All orders issued by him are regarded as proceeding from the Commanding Officer and govern all persons within the command. In the absence of the Commanding Officer, the Director of Clinical Services performs the Commanding Officer's duties and acts with full responsibility and authority for him, except as otherwise provided by law or regulations. His duties and responsibilities are prescribed in Navy Regulations and the Manual of the Medical Department.

b. The Director of Clinical Services assists the Commanding Officer in coordinating the hospital's professional functions and programs. He may, when so designated, serve as chief of one of the hospital's professional services as well.

c. The Director of Clinical Services shall serve on all committees relating to the local training of medical officers, and shall act as representative of the Commanding Officer in the administration of the intern and residency training program, and shall review the professional aspects of the cross index and clinical records.

d. Other specific duties of the Director of Clinical Services include serving as liaison with the Army, Air Force, and Public Health Service in matters pertaining to patient care and research; as Research Officer, serving as liaison with the Naval Medical Research Institute in clinical problems; and serving as liaison with civilian medical schools and hospitals regarding teaching, research, or individual patient matters.

e. The Director of Clinical Services is an officer of the Medical Corps eligible to succeed to command, and is usually next in rank to the Commanding Officer.

3. The Administrative Officer.

a. The Administrative Officer advises and assists the Commanding Officer and the Director of Clinical Services in administering the non-clinical functions of the hospital. He is directly responsible to the Director of Clinical Services for the coordination and efficient operation of the administrative divisions. He acts independently upon matters which do not require the personal attention of the Commanding Officer or the Director of Clinical Services, and keeps the Director of Clinical Services apprised of the action that he takes. He is responsible for the management improvement functions and is assisted by such military and/or civilian personnel as may be required and available. The duties and responsibilities of the Administrative Officer are prescribed in the Manual of the Medical Department.

b. The Administrative Officer is an officer of the Medical Service Corps.

4. Boards and Committees.

a. Boards and committees are appointed by the Commanding Officer to meet requirements for hospital accreditation, to conform to the requirements of law or regulations, and to advise the Commanding Officer on matters of policy or particular interest.

b. The standing boards and committees of the Naval Hospital, Bethesda, Maryland are outlined and briefly described at the end of Part II.

5. Special Assistants. The following special assistants are appointed to assist and advise the Office of the Commanding Officer:

a. Marine Corps officer in charge, hospital liaison section.

b. The field director, American National Red Cross.

c. Children's Diagnostic and Study Unit, National Institutes of Health.

(1) Marine Corps Hospital Liaison Section. The Marine Officer in Charge, Hospital Liaison Section, Headquarters, U. S. Marine Corps, Henderson Hall, Arlington, Va., shall be responsible for the administrative matters pertaining to Marine Corps patients including pay, clothing, unit diary, maintenance of service records and preparation of correspondence as required. The Marine Liaison Section, building 6, Naval Hospital, is an administrative unit of the Patient Affairs Division which coordinates matters pertaining to Marine patients with the Headquarters Hospital Liaison Section.

(2) The Field Director, American National Red Cross.

(a) The field director, American National Red Cross, directs a Red Cross program supplementing and assisting the activities of the hospital with respect to the health, welfare, and morale of patients and staff members.

(b) The extent of services rendered by the American Red Cross includes counseling on personal or family problems, financial assistance, social services, recreation programs, health and safety services, and cooperation in local and regional blood donor programs. Detailed information on the administration of American Red Cross programs in naval hospitals is provided in BuMed Instruction 1700.1 series.

(c) The office of the field director, American Red Cross, located in building 109, consists of the field director, field representatives, and such paid and volunteer staff and clerical personnel as may be assigned.

(3) Children's Diagnostic and Study Unit, National Institutes of Health. The Children's Diagnostic and Study Unit, located in building 125, operates as a direct research activity of the National Institute of Child Health and Human Development, National Institutes of Health, and operates in association with the Pediatric Service, Naval Hospital, providing outpatient services to dependent children of military personnel. The Unit provides complete diagnostic and evaluation studies aimed at detecting mental retardation, gives parent counseling and guidance and, when necessary, may suggest facilities for further treatment of children diagnosed as mentally retarded. Researchers working in the Unit include child psychiatrists, neurologists, geneticists, psychologists, pediatricians, nutritionists, speech and hearing specialists, nursery school teachers, and public health nurses.

STANDING BOARDS AND COMMITTEES  
NAVAL HOSPITAL  
BETHESDA, MARYLAND

PROFESSIONAL BOARDS AND COMMITTEES

NAME	ESTABLISHING AUTHORITY	MEETS	FUNCTION
Hospital Accreditation Committee	NHBETHINST 1520.1C	Quarterly	To review current standards for hospital accreditation and ensure that the requirements are being met by this hospital.
Graduate Training Committee	NHBETHINST 6400.1	Monthly	To maintain professional standards, develop policies, screen medical officer personnel, and act as co-ordinating body for all graduate medical training.
Executive Council of the Graduate Training Committee	NHBETHINST 6400.1 Series	Monthly	Provide executive support to Graduate Training Committee, supervise intern training, screen requests for technical and professional books, periodicals and journals for medical library.
Hospital Infections Committee	NHBETHINST 5420.1	Monthly	Establishes a system of reporting infections among patients and staff personnel.
Medical Isotopes Committee	NNMCINST 5450.1 Series	As Required	Receive, review, and submit to the CO, NNMC recommendations concerning the establishing of policies regarding the diagnostic and therapeutic use of radio-isotopes or other ionizing radiation in patients and qualifications of individual applicants.
Ionizing Radiation Safety Committee	NNMCINST 5450.1 Series	As Required	Responsible for review and evaluation of all proposals for the non-clinical use of ionizing radiation and make recommendations concerning the radiation protection measures to be taken.
Pharmacy and Therapeutics Committee	NHBETHINST 6710.7 Series	Quarterly	Serves as advisory group on matters pertaining to choice of drugs, formulating lists of non-standard drugs to be stocked and evaluates clinical data on new drugs or preparations, reviews reports on adverse drug reactions and makes recommendations relevant thereto.

NAME	ESTABLISHING AUTHORITY	MEETS	FUNCTION
Medical Records Committee	NHBETHINST 5420.2	Monthly	Supervise and maintain medical records at the required standard of completeness and evaluate the quality of medical care.
Tissue Committee	NHBETHINST 5420.3 Series	Monthly	Evaluate surgery performed on the basis of agreement among the preoperative and postoperative, and pathological diagnosis. Act in conjunction with the Medical Records Committee as the Medical Audit or Utilization Review Committee.
Tumor Board	NHBETHINST 6151.1 Series	Weekly	Acts in consultation capacity to the professional staff and controls malignant neoplasms.
Cancer Committee	NHBETHINST 6151.1 Series	As Required	Furnish leadership in cancer control activities of the hospital and to oversee the operation of Cancer Registry and follow-up program.
Commanding Officer's Conference	NHBETHINST 5420.7 Series	Bimonthly	To serve as a Joint Conference Committee between the governing body, the medical staff and the administrator. To co-ordinate the activities and general policies of the various hospital services and divisions.
Monthly Departmental Staff Meetings	NHBETHINST 5420.4 Series	Monthly	To improve care and treatment of patients in the hospital by reviewing clinical work done.
Board of Medical Examiners to conduct Physical Examinations	ManMedDept Chap 15 & Art. 11-11	As Required	Inquire into the reports on physical fitness of personnel who may be authorized to appear before it.
Head and Neck Board	NHBETHINST 5420.6 Series	Monthly	To secure an equitable distribution of clinical cases which effectively support the graduate training programs without detriment of clinical experience in the several residency programs whose interest overlaps in this area.

## ADMINISTRATIVE BOARDS AND COMMITTEES

NAME	ESTABLISHING AUTHORITY	MEETS	FUNCTION
Advancement to Pay Grade E-3 Examining Board	BUPERS Manual Art. C-7206	As Required	Supervise the conducting of BUPERS examinations for advancement in rating of enlisted personnel and make disposition of examinations as required by current directives.
Controlled Medicinals Board	ManMedDept Art. 21-4 (1)(b)	Monthly	To conduct an inventory of narcotics, alcohol and alcoholic beverages and other controlled medicinals in the main hospital pharmacy, sub-pharmacy and Emergency Room.
Emergency Destruction of RPS-distributed material or classified matter	NNMCINST 5510.14 Series	As Required	Emergency destruction by burning (or other suitable means) of subject material without orders from higher authority in the event of possible compromise of RPS-distributed material or classified matter appears imminent through an act of war or disaster.
Enlisted Recreation Committee	CO, USNH ltr Ser 185 of 2 Feb 1967	As Required	Planning and effecting recreation for the enlisted personnel of the hospital.
Hospital Corps Training Committee	NNMCINST 1510.1 Series	As Required	Assist the CO, USNH in providing in-service training for Hospital Corps staff personnel.
Hospital Social Committee	CO, USNH ltr Ser 044 of 10 Jan 1967	Quarterly	Arrange social affairs and parties to afford opportunities for officers and their ladies to meet informally, promoting cordial relationships among staff members.
Blood Bank, Blood Transfusion and Blood Derivatives Committee	NHBETHINST 6530.1 Series	Quarterly	Evaluates transfusion, search and operation of the Blood Bank.
Clinical Research Committee	NHBETHINST 3900.1 Series	As Required	To assist staff members in publication of periodicals for research proposals and advise the Commanding Officer of the feasibility and desirability of each research proposal.

NAME	ESTABLISHING AUTHORITY	MEETS	FUNCTION
Medical Library Committee	BUMEDINST 6000.2 NNMC ltr CO 23-pa 5420 of 20 June 66	Monthly	Maintenance of adequate medical library with carefully selected texts, journals and periodicals.
Employee Development Training Committee	NNMCINST 5300.1	Monthly	To provide assistance in the management of employee training programs at NNMC.
Therapeutic Abortion Committee	NHBETHINST 6460.1A	As Required a	To consider candidates for therapeutic abortion.
Intensive Care Committee	NHBETHINST 5420.19	Quarterly (more often if required)	Acts in an advisory capacity to the commanding officer in all matters pertaining to the operation of the intensive care unit.
Kidney Transplant Committee	NHBETHINST 5420.21	As Required	Selection of candidates for kidney transplants.
Bone Marrow Selection Committee	NHBETHINST 5420.20	As Required	Selection of candidates for bone marrow transplantation.

NAME	ESTABLISHING AUTHORITY	MEETS	FUNCTION
Disaster Control Committee	NHBETHINST 3440.1 Series	As Required	To advise the Commanding Officer on matters of mass casualty handling and treatment as pertains to the effective mission of the hospital in that situation.
Outstanding Corpsman of the Quarter Selection	NHBETHINST 1000.1 Series	Quarterly	Consider nominations for Outstanding Corpsman of the previous quarter and select individual for this honor.
Work Improvement Committee	NNMCINST 5200.1 Series	As Required	Implement a work improvement program for this hospital
Manpower Allocation Board	NHBETHINST 5420	Monthly	Insure equitable distribution of human resources and recommend maximal utilization of available resources based on close scrutiny of existing operations and justification of new proposals.
Command Facilities Planning Board	NHBETHINST 5420 Series	Monthly	Maintain a current plan for the accomplishment of alterations to structures and equipment, new construction of the hospital, and the manufacture of items not obtainable from supply sources.
Equipment Review Council	NHBETHINST 5420 Series	As Required	Recommend priorities for the procurement of new or as the replacement of equipment items having a unit cost in excess of \$250.00.
Administrative Discharge Board	BUPERS MANUAL ART: 3420250	As Required	To be convened as necessary for whatever administrative procedures shall be presented it.
Minority Aware Committee	NHBETHINST 5420.14	Monthly	To deal promptly, fairly and effectively with all or any racial problems which might exist in the command.

PROFESSIONAL SERVICES  
(DIRECTOR OF CLINICAL SERVICES)

ANESTHESIOLOGY SERVICE

OTORHINOLARYNGOLOGY SERVICE

DERMATOLOGY SERVICE

OUTPATIENT SERVICE

MEDICAL SERVICE

PEDIATRIC SERVICE

PSYCHIATRY SERVICE

PHARMACY SERVICE

NEUROLOGY SERVICE

PLASTIC SURGERY SERVICE

NURSING SERVICE

RADIOLOGY SERVICE

OBSTETRICS & GYNECOLOGY SER.

SURGICAL SERVICE

OPHTHALMOLOGY SERVICE

UROLOGY SERVICE

ORTHOPEDIC SERVICE

THORACIC & CARDIOVASCULAR  
SURGICAL SERVICE

NEUROSURGICAL SERVICE

LABORATORY SERVICE

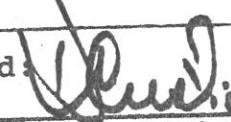
DENTAL SERVICE

DATE:

1 June 1971

Approved:

Commanding Officer



Naval Hospital  
National Naval Medical Center  
Bethesda, Maryland      Chart No. 3

PART III - CLINICAL SERVICES

1. Introduction. This part contains organization charts and functional statements for the clinical services of this hospital.
2. Establishment. Certain clinical services are established as provided in Section IV of Chapter II, Manual of the Medical Department. The number and designations of these services shall be determined by the Commanding Officer of the hospital in the light of local conditions. Each service established is an organizationally independent and autonomous unit, reporting directly to the Director of Clinical Services. Chiefs of Service will be officers of the Medical Corps, except that the Chief of the Nursing Service is an officer of the Nurse Corps, and the Chief of the Pharmacy Service is an officer of the Medical Service Corps.
3. General Functions. Each clinical service has the following functions in common.
  - a. Insure that the highest standards of professional practice are maintained.
  - b. Inform and advise the Director of Clinical Services regarding all activities, including the care and condition of patients, especially the very seriously ill and seriously ill.
  - c. Participate in staff conferences and provide consultant services as requested.
  - d. Collaborate with the other clinical services and the administrative divisions, as appropriate, to promote patient comfort and welfare, and to speed patient recovery.
  - e. Exercise general administrative supervision and control over assigned wards and supervising inpatient and outpatient facilities.
  - f. Participate in and conduct appropriate portions of the hospital training program.
  - g. Confer with civilian consultants on appropriate problems, including the education and training of residents and interns.
  - h. Initiate and conduct research and/or clinical studies, as appropriate.
  - i. Insure the adequacy, security, maintenance, proper use, economy, and accounting of supplies and equipment.

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10 September 1970

j. Insure the proper preparation, maintenance, and prompt completion and submission of prescribed records, reports, and returns.

k. Insure the prompt and proper disposition of patients as provided by law and regulations.

l. Perform such collateral duties as may be assigned.

ANESTHESIOLOGY SERVICE

CLINICAL  
BRANCH

CONSULTATIVE  
BRANCH

TRAINING  
BRANCH

DATE:  
10 September 1970

Approved:  
  
Commanding Officer

Naval Hospital  
National Naval Medical Center  
Bethesda, Maryland      Chart No. 4

4. Anesthesiology Service.

a. The Anesthesiology Service shall provide safe and effective anesthesia for patients undergoing surgical and obstetrical operations, or diagnostic and therapeutic procedures, provide training for residents in anesthesia at the first, second and third year levels, and make consultative services available in the fields of resuscitation, inhalation therapy, induced hypothermia, and drug intoxication.

b. It is divided into a Clinical Branch, a Consultative Branch, and a Training Branch.

(1) The Clinical Branch shall:

(a) Perform a preoperative evaluation of patients, and provide the safest anesthetic techniques consonant with the needs of the surgeon and the welfare and comfort of the patient.

(b) Order preoperative medication as required or indicated.

(c) Maintain a complete record of each anesthetic administered including data relevant to the patient's condition before, during and after the anesthetic.

(d) Provide postanesthetic care to these patients during the period of reaction from anesthesia; record unfavorable sequelae, and advise and consult with the surgeon concerning them. Postoperative visits will be made until the patient is deemed free from anesthetic sequelae.

(e) Exercise immediate supervision over the post-operative recovery room.

(2) The Consultative Branch shall:

(a) Perform diagnostic and therapeutic nerve blocks as indicated on patients referred to the Anesthesiology Service.

(b) Render consultations with regard to patients suffering from cardiopulmonary disorders, respiratory depression, and respiratory obstructions.

(3) The Training Branch shall:

(a) Provide a residency training program of three years' duration in accordance with the standards laid down by the American Board of Anesthesiology, and the Council on Medical Education of the American Medical Association.

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- (b) Provide a three month course in anesthetic fundamentals for oral surgery residents.
- (c) Train interns in anesthetic fundamentals for two four-week periods.
- (d) Provide a training program in resuscitation and inhalation therapy for Recovery Room nurses and corpsmen.

DERMATOLOGY SERVICE

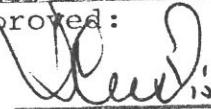
CLINICAL  
DERMATOLOGY  
BRANCH

MYCOLOGY  
BRANCH

DERMAL  
HISTOPATHOLOGY  
BRANCH

DATE:  
10 September 1970

Approved:



Commanding Officer

Naval Hospital  
National Naval Medical Center  
Bethesda, Maryland      Chart No. 5

10 September 1970

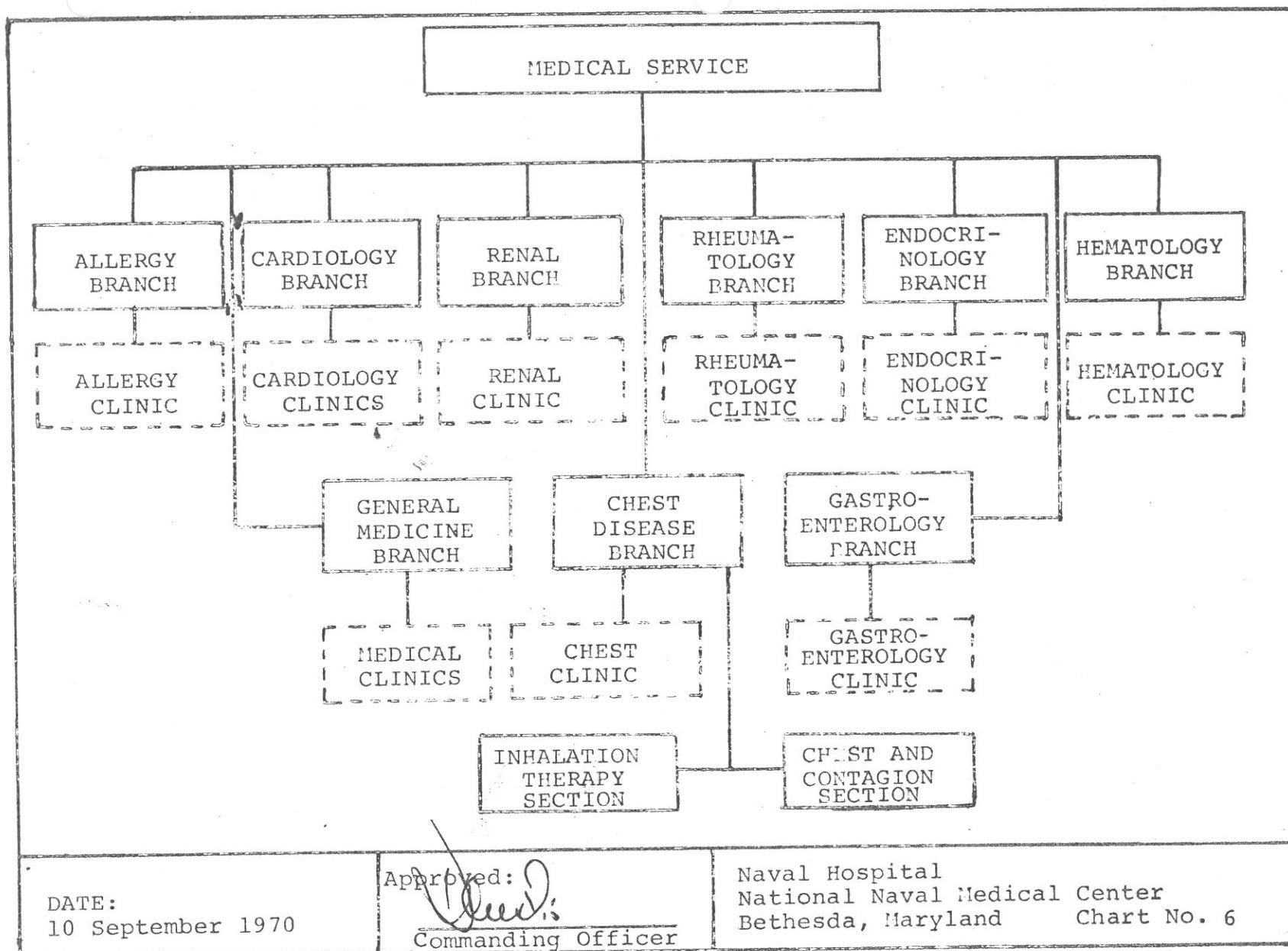
5. Dermatology Service.

a. The Dermatology Service furnishes support and consultative service to other departments for both inpatients and outpatients. It is divided into three branches: the Clinical Dermatology Branch, a Mycology Branch, and a Dermal Histopathology Branch.

(1) The Clinical Dermatology Branch shall conduct ward rounds, operate the clinics, and within the limits of available personnel and equipment, provide superficial X-ray therapy, ultraviolet therapy, and provide on-the-job training for corpsmen.

(2) The Mycology Branch prepares and examines all cultural material having to do with the superficial mycotic diseases.

(3) The Dermal Histopathology Branch shall review slides on specimens submitted and prepared by the laboratory which pertain to pathology of the skin. This functions only within the limits of available personnel and equipment.



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6. Medical Service.

a. The Medical Service shall provide inpatient and outpatient consultation service in internal medicine and its subspecialties; allergy; cardiology; chest diseases; endocrinology; gastroenterology; hematology; renal diseases; infectious diseases; immunology and rheumatology. All available modern diagnostic procedures, studies, and therapy shall be utilized. When subspecialty branches exist, they shall provide the specialized techniques and practices related to those specialties.

b. The Medical Service is divided into a General Medicine Branch, a Cardiology Branch, a Gastroenterology Branch, a Chest and Contagion Branch, an Allergy Branch, a Hematology-Chemotherapy Branch, an Endocrinology-Metabolic Branch, a Renal Branch and a Rheumatology Branch.

(1) The General Medicine Branch shall provide diagnostic and general medical care for those patients with diseases, suspected or proven, in the field of internal medicine which are not included in the succeeding branches.

(2) The Cardiology Branch shall:

(a) Provide for the specialized care and treatment of cardiovascular diseases.

(b) Provide diagnostic basal metabolism, electrocardiographic and stethographic studies, examinations and interpretations as requested.

(c) Operate the Cardio-Pulmonary Laboratory.

(d) Provide residency training in cardiovascular diseases.

(3) The Gastroenterology Branch shall:

(a) Provide for the specialized care and treatment of gastroenterological diseases.

(b) Provide special diagnostic studies such as gastroscopic examinations, gastric analysis, and liver biopsy.

(4) The Chest Disease Branch shall consist of the Chest and Contagion Section and the Inhalation Therapy Section.

(a) The Chest and Contagion Section shall:

(1) Provide for the specialized care and treatment of contagious and infectious diseases.

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(2) Provide for the specialized care and treatment of tuberculosis and poliomyelitis, and recommend appropriate disposition of patients who have contracted these diseases.

(3) Insure the proper isolation of communicable diseases.

(4) Maintain close liaison with Federal, state and local authorities on matters relating to the incidence and control of communicable diseases.

(5) Provide specialized care and treatment of diseases of the lungs and pleura.

(6) Provide special diagnostic studies such as skin testing for fungus diseases and tuberculosis.

(7) Conduct tuberculin testing of staff personnel, annually, as required by BuMed Instructions.

(8) Conduct and keep records of studies on staff personnel found to have a recent tuberculin conversion.

(9) Conduct pulmonary function studies as requested.

(b) The Inhalation Therapy Section shall:

(1) Maintain the inhalation therapy service assuring inspection and maintenance of assigned equipment and availability of component personnel in its use.

(2) Provide for issue of all oxygen and oxygen equipment.

(5) The Allergy Branch shall:

(a) Provide specialized care and treatment of allergic diseases.

(b) Conduct skin testing with the various common allergens, if practicable.

(c) Administer desensitizing vaccines.

(6) The Hematology-Chemotherapy Branch shall:

(a) Provide specialized care and treatment of diseases of the blood-forming organs.

(b) Provide bone marrow aspiration, examination and interpretation.

(c) Provide consultation on patients being treated with roentgen irradiation or radioactive isotopes.

(7) The Endocrinology-Metabolic Branch shall:

(a) Provide for the specialized care and treatment of endocrine and metabolic diseases.

(b) Provide consultation for the study or treatment of endocrine-metabolic disorders and interpretations of tests related to such disorders.

(8) The Renal Branch shall:

(a) Provide for the specialized care and treatment of renal diseases.

(b) Provide consultation for the study or treatment of renal disorders and interpretations of tests related to such disorders.

(9) The Rheumatology Branch shall:

(a) Provide for the specialized care and treatment of rheumatologic diseases.

(b) Provide consultation for the study or treatment of rheumatology disorders and interpretations of tests related to such disorders.

NEUROLOGY SERVICE

INPATIENT  
BRANCH

OUTPATIENT  
CLINIC  
BRANCH

TRAINING  
BRANCH

DATE:  
10 September 1970

Approved:  
*John S.*  
Commanding Officer

Naval Hospital  
National Naval Medical Center  
Bethesda, Maryland      Chart No. 7

7. Neurology Service.

a. The Neurology Service shall provide diagnostic evaluation and non-surgical treatment of patients with diseases of the nervous system.

b. The Neurology Service consists of an Inpatient Branch, an Outpatient Clinic and a Training Branch.

(1) The Inpatient Branch shall:

(a) Provide the diagnosis and management of hospitalized patients with neurological illness.

(b) Provide consultations for other services when requested.

(2) The Outpatient Branch shall:

(a) Provide for the diagnosis and management of patients with neurological illness who either have been hospitalized or who do not require hospitalization.

(b) Provide consultations from other departments, clinics or outlying activities.

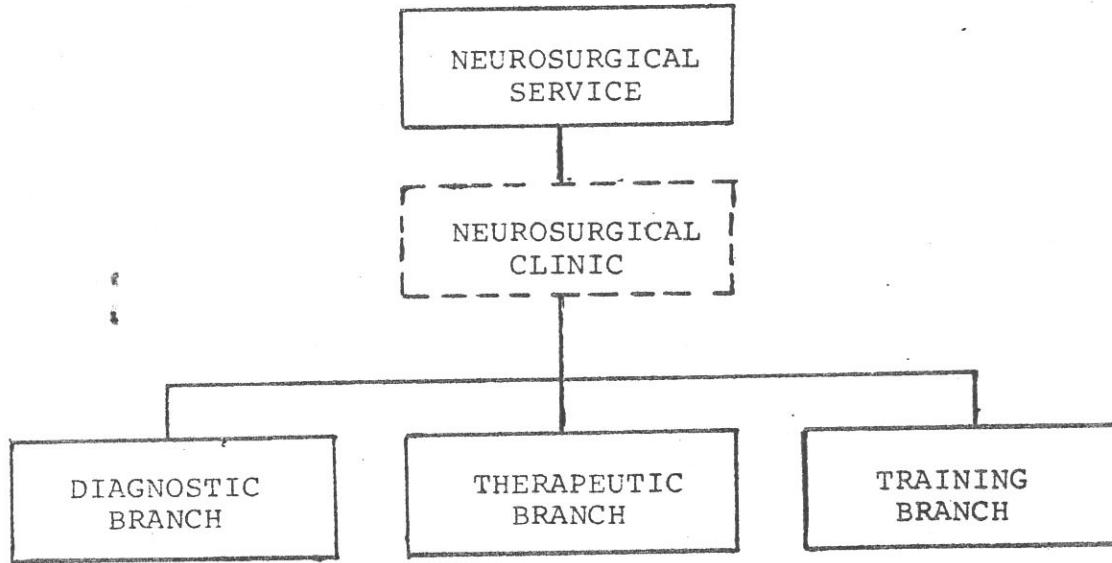
(3) The Training Branch shall:

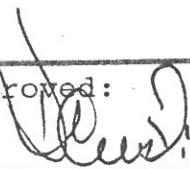
(a) Conduct a program of residency training in clinical neurology for first, second and third year level residents.

(b) Conduct a program of training in clinical neurology for residents from other services and interns rotating in the Neurology Service.

(c) Conduct Class B School for training enlisted EEG Technicians.

III-15



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10 September 1970

8. Neurosurgical Service.

a. The Neurosurgical Service shall provide and coordinate services relative to the examination, diagnosis, treatment, and disposition of patients with injuries or mass lesions of the skull, brain, spinal cord or peripheral nerves; and shall furnish support to the outpatient service in rendering neuro-surgical outpatient care.

b. The Neurosurgical Service is subdivided into a Diagnostic Branch, a Therapeutic Branch and a Training Branch.

(1) The Diagnostic Branch shall:

(a) Provide for special diagnostic examinations including myelography, encephalography, ventriculography and arteriography.

(b) Provide prompt consultation service from all other departments or extramural sources.

(2) The Therapeutic Branch shall:

(a) Provide for the specialized treatment of injuries of the skull, central, peripheral or autonomic nervous systems.

(b) Perform neurological surgery including preoperative and postoperative care

(3) The Training Branch shall:

(a) Provide training for those interns who elect neurological surgery as a subspecialty.

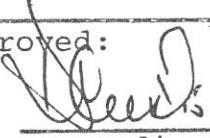
(b) Provide three months training in neurosurgery for residents from the general surgical and orthopedic services.

NURSING SERVICE

CLINICAL NURSING  
BRANCH

EDUCATION AND  
TRAINING BRANCH

NURSING  
SPECIALTIES  
BRANCH

DATE: 10 September 1970	Approved:  Commanding Officer	Naval Hospital National Naval Medical Center Bethesda, Maryland      Chart No. 9
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9. The Nursing Service.

a. The Nursing Service shall provide and coordinate services relative to the nursing care of inpatients and outpatients, including such health teaching as is within the province of nursing; determine nursing needs and establish staffing patterns, and make assignments of nursing personnel in consonance with optimum patient care, sound personnel policies, and hospital practices; provide for the education and training of nursing personnel; evaluate the nursing service rendered and the performance of personnel in that service; conduct such studies as are needed to improve the service and/or personnel performances; plan, organize and coordinate the activities of the Nursing Service within the Service and with other services and divisions within the hospital; and make recommendations regarding the maintenance and suitability of the quarters and other matters which contribute to the health, welfare, and morale of the officers of the Nurse Corps.

b. The specific responsibilities and duties of the Chief of Nursing Service, Nursing Supervisor, and Charge Nurse are set forth in Chapter 8, Section IV of the Manual of the Medical Department.

c. The Nursing Service is divided into a Clinical Nursing Branch, an Education and Training Branch, and a Nursing Specialties Branch.

(1) The Clinical Nursing Branch shall:

(a) Execute orders for patient care and treatment prescribed by the medical officer and/or dental officer.

(b) Plan for and provide nursing care to patients in clean, safe, and comfortable surroundings.

(c) Plan for and participate in on-the-job training of enlisted and civilian auxiliary personnel and coordinate such instruction with the Education and Training Branch.

(d) Maintain accurate patients' charts and other records, as required.

(e) Analyze and evaluate nursing services rendered and make such recommendations as needed for the improvement of patient care.

(f) Coordinate activities of the Branch with other services and divisions in the interest of improving patient care and personnel performance.

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10 September 1970

(2) The Education and Training Branch shall:

(a) Provide and coordinate the orientation, inservice education, and on-the-job training programs for all categories of nursing personnel (military and civilian) in nursing.

(b) Maintain records of all current educational and training programs in nursing.

(c) Provide for an adequate up-to-date reference section on nursing care and service in the medical library.

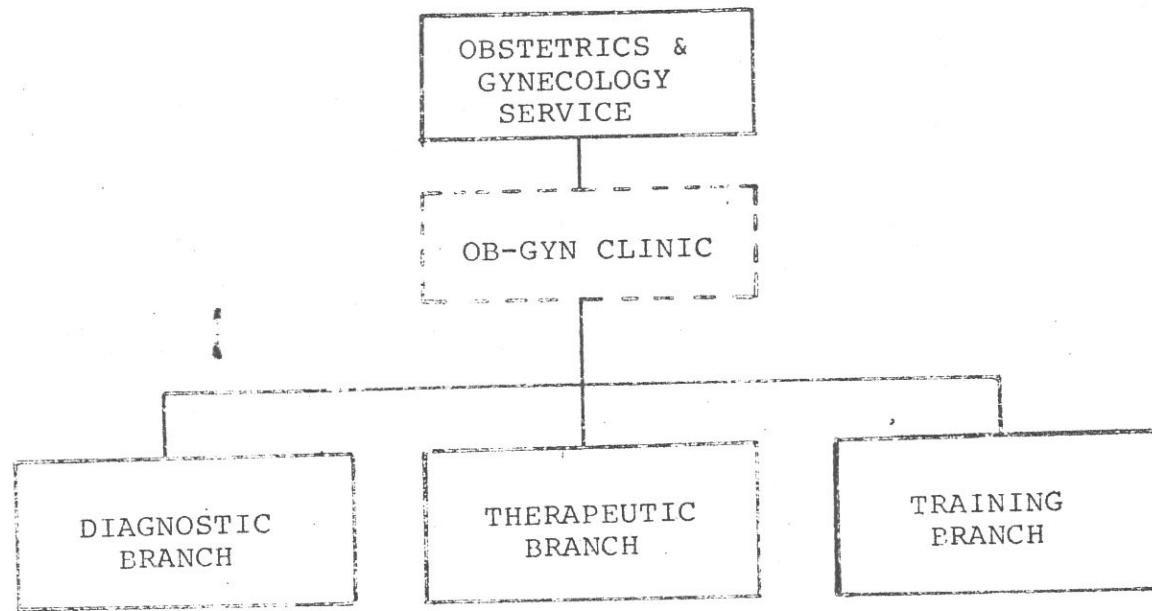
(d) Provide for the dissemination of information relative to the educational opportunities in the surrounding community and in the Naval Service for nursing personnel.

(3) The Nursing Specialties Branch shall:

(a) Provide specialized services to the wards or units concerned with patient care.

(b) Provide training programs for personnel in the area of the specialty and maintain records of such programs.

(c) Coordinate activities with other branches of the Nursing Service in the interest of patient care and technical education.



DATE:  
10 September 1970

Approved:

*[Signature]*  
Commanding Officer

Naval Hospital  
National Naval Medical Center  
Bethesda, Maryland      Chart No. 10

## 10. Obstetrics and Gynecology Service.

a. The OB-GYN Service shall provide and coordinate inpatient and outpatient services relative to the examination, diagnosis, care and treatment of eligible dependents and members of the Armed Forces, active and retired.

b. The OB-GYN Service shall provide specialized outpatient services in the field of obstetrics and gynecology on a referral basis. The OB-GYN Service shall collaborate with the other clinical services of the hospital as necessary in providing this care. The Service shall maintain the OB-GYN Clinic for the outpatient care of eligible dependents on a referral basis.

c. The OB-GYN Service is divided into a Diagnostic Branch, a Therapeutic Branch and a Training Branch.

(1) The Diagnostic Branch shall:

(a) Conduct examinations and consultations as requested on an inpatient and outpatient basis.

(2) The Therapeutic Branch shall:

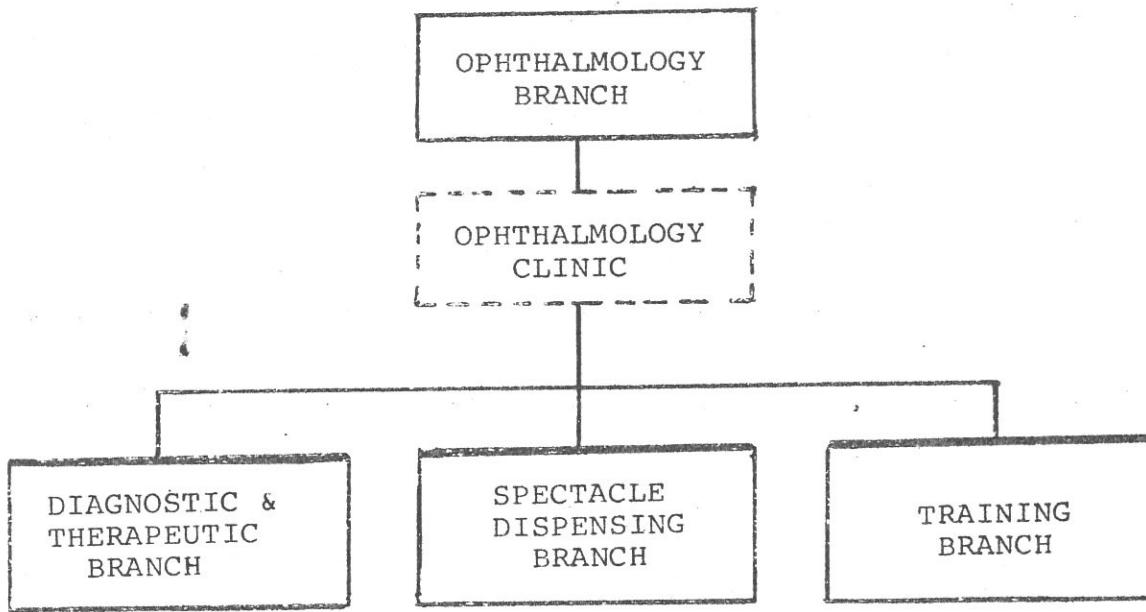
(a) Provide specialized inpatient care and treatment for obstetrical and gynecological cases.

(b) Maintain facilities for normal and abnormal deliveries.

(3) The Training Branch shall:

(a) Provide postgraduate training in obstetrics and gynecology for residents at the first, second, and third year levels.

(b) Provide training for interns in obstetrics and gynecology.



DATE:  
10 September 1970

Approved:

*[Signature]*  
Commanding Officer

Naval Hospital  
National Naval Medical Center  
Bethesda, Maryland      Chart No. 11

11. Ophthalmology Service.

a. The Ophthalmology Service provides and coordinates inpatient and outpatient services relative to the examination, diagnosis, care, treatment, and appropriate disposition of patients with diseases, injuries and disorders of the eye.

b. The Ophthalmology Service is divided into a Diagnostic and Therapeutic Branch, a Spectacle Dispensing Branch and a Training Branch.

(1) The Diagnostic and Therapeutic Branch shall:

(a) Provide for the specialized care and treatment of diseases, disorders and injuries of the eye.

(b) Perform ophthalmological surgery and provide preoperative and postoperative care for ophthalmological surgery patients.

(c) Conduct routine and special eye examinations.

(d) Perform refractions and prescribe corrective lenses and prisms for ophthalmological defects.

(2) The Spectacle Dispensing Branch shall:

(a) Perform emergency repairs and adjustments of spectacles.

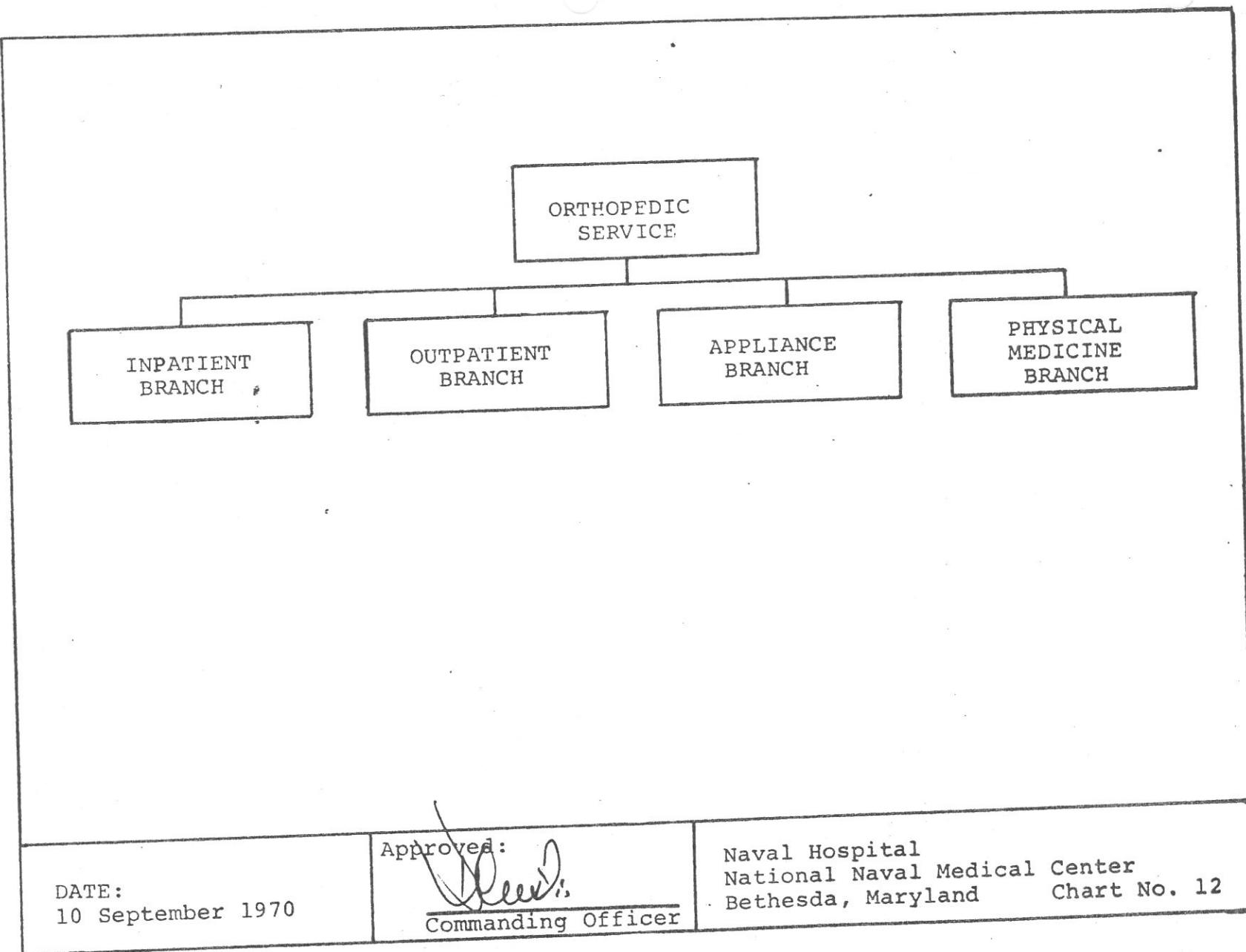
(b) Obtain data for the fabrication of spectacles and order spectacles.

(c) Inspect spectacles upon receipt for conformance to prescriptions; adjust spectacles for individuals concerned.

(d) Forward prescriptions for spectacles for inclusion in the individual's Health Record.

(3) The Training Branch shall:

(a) Provide postgraduate training in ophthalmology for residents at the first, second, and third year level.



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12. Orthopedic Service.

a. The Orthopedic Service shall provide and coordinate inpatient and outpatient services relative to the examination, diagnosis, care, treatment, rehabilitation, and appropriate disposition of patients requiring orthopedic treatment. The Orthopedic Service is especially concerned with the preservation and restoration of the functions of the skeletal system, its articulation, and associated structures.

b. The Orthopedic Service is divided into an Inpatient, Outpatient, Appliance and Physical Medicine Branch.

(1) The Inpatient Branch shall:

(a) Provide facilities for the care of eligible personnel suffering from diseases and injuries of the musculo-skeletal system.

(b) Provide consultant services as requested for other departments of this Command concerning problems in the field of Orthopedic Surgery.

(c) Maintain and operate a cast room with facilities for application, alteration and removal of plaster casts, splints and various forms of traction, required in the treatment of orthopedic conditions.

(2) The Outpatient Branch shall:

(a) Provide and maintain facilities for evaluation and treatment of eligible personnel having diseases and/or injuries of the musculo-skeletal system which do not require hospitalization.

(b) Operate and maintain a plaster room equipped to apply, alter, and remove plaster casts, splints and other orthopedic devices necessary in the care of eligible individuals on an outpatient basis.

(3) The Appliance Branch shall:

(a) Make provision for the furnishing of braces, supports, shoe alterations, canes, crutches and other orthopedic devices necessary for the care of individuals eligible to receive these as provided by BuMed Instruction 6320.31 Series.

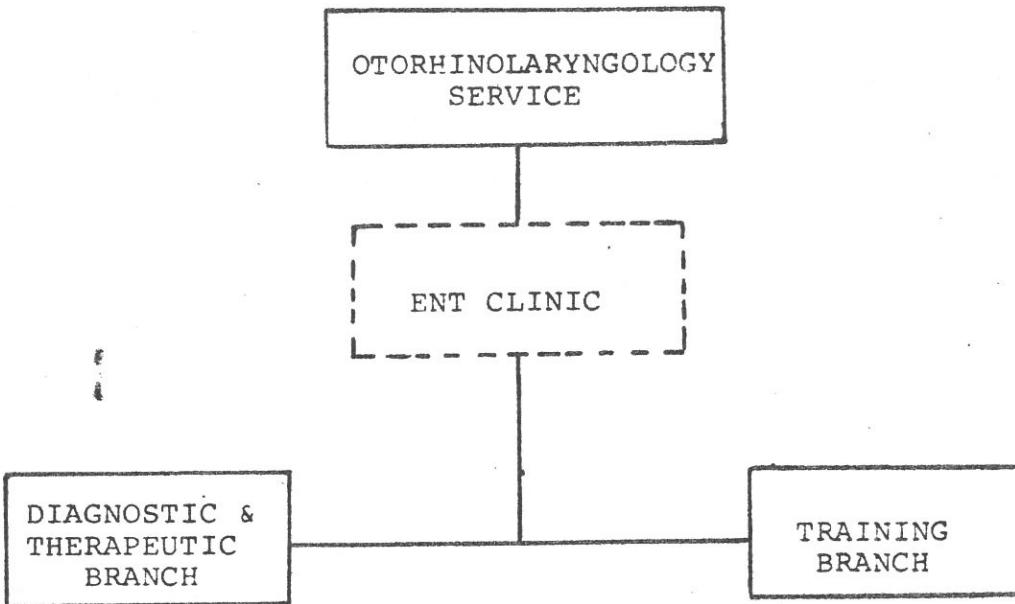
(b) Provide assistance and expedite the provision of such devices for those individuals not eligible to receive them under BuMed Instruction 6320.31, such appliances to be provided at the expense of the individual concerned.

(4) The Physical Medicine Branch shall:

(a) Maintain a section of Physiotherapy suitably staffed and equipped to provide such therapy as may be prescribed by Medical Officers of the various departments of the command subject to approval of the Chief, Department of Physical Medicine.

(b) Maintain and provide a section of Mechanotherapy suitable staffed and equipped to provide supervised rehabilitation for those patients referred by the various departments of the Command.

(c) Submit periodic reports to cognizant Medical Officers regarding patients' progress.



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13. Otorhinolaryngology Service.

a. The Otorhinolaryngology Service provides and coordinates inpatient and outpatient services relative to the examination, diagnosis, care, treatment, and appropriate disposition of patients with diseases, injuries, and disorders of the ear, nose or throat.

b. The Otorhinolaryngology Service is divided into a Diagnostic and Therapeutic Branch and a Training Branch.

(1) The Diagnostic and Therapeutic Branch shall:

(a) Provide for the specialized care and treatment of disorders, diseases and injuries of the ear, nose and throat.

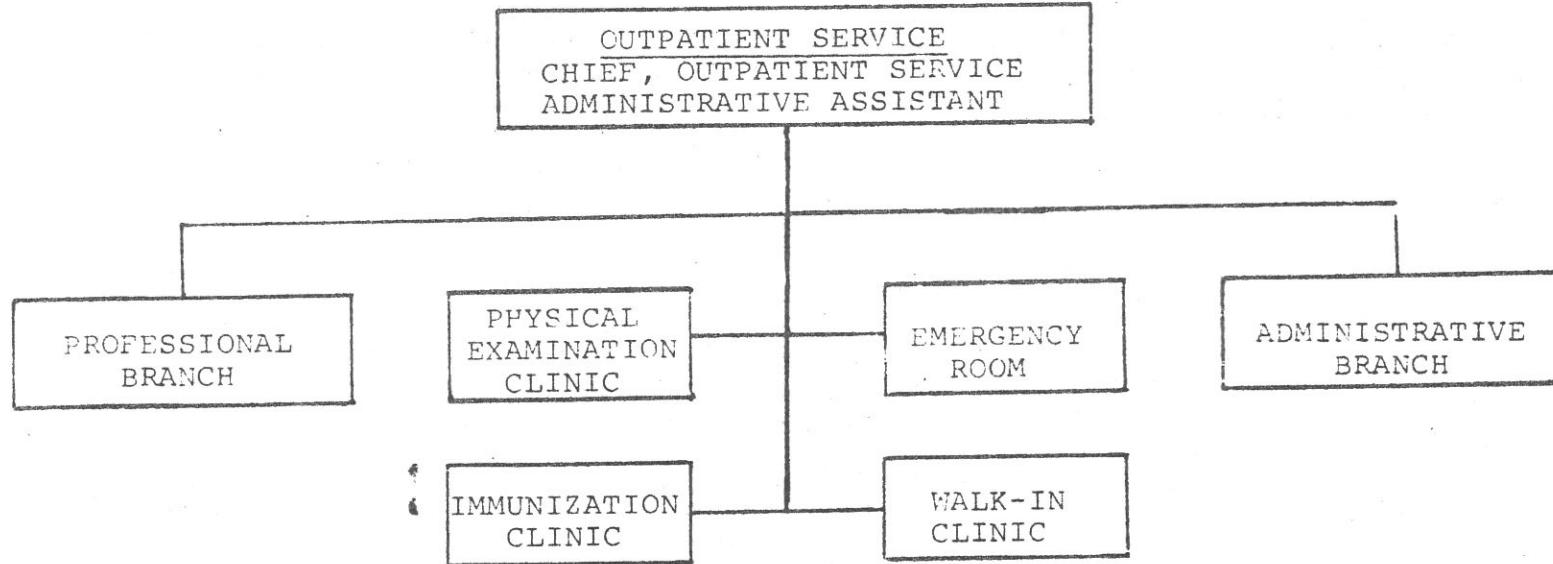
(b) Perform surgery of the ear, nose, and throat; and coordinate with related services in the oncology of the head and neck.

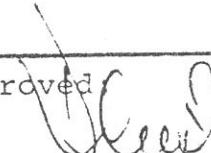
(c) Provide bronchoscopic and esophagoscopic examinations as requested.

(2) The Training Branch shall:

(a) Provide postgraduate training in otorhinolaryngology for residents at the second, third and fourth year levels.

(b) Provide for the training of enlisted ENT technicians.



DATE: 10 September-1970	Approved  Commanding Officer	Naval Hospital National Naval Medical Center Bethesda, Maryland      Chart No. 14
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14. Outpatient Service.

a. The Outpatient Service shall provide and/or coordinate overall services and care relative to the examination, diagnosis, treatment and disposition of all categories of outpatients presenting themselves to this command for advice, diagnosis, or treatment. The Outpatient Service is subdivided into an Administrative Branch and a Professional Branch.

(1) The Administrative Branch shall:

(a) Devise and be responsible for administrative methods and procedures used throughout the Outpatient Services.

(b) Perform miscellaneous clerical duties pertaining to outpatients and outpatient records.

(2) The Administrative Branch is divided into sections as follows:

- (a) Master-at-Arms and Clerical Section
- (b) File Room Section
- (c) Appointment Section

(3) The Master-At-Arms and Clerical Section shall be responsible for the following:

- (a) Liaison with the Hospital Personnel Office.
- (b) Receipt and transfer and retirement of all outpatient records.
- (c) Assignment and detail of Administrative Branch enlisted personnel.
- (d) Review and procurement of items of supplies and equipment for the Administrative Branch and/or Outpatient Services.
- (e) Review and procurement of items of equipment for the components of the Professional Branch.

(4) The File Room Section shall be responsible for accomplishing the following:

- (a) Maintaining a Central Outpatient File utilizing the Terminal Digit File System.
- (b) Filing all Special Request Forms (Laboratory, X-ray, etc.) into the proper record as expeditiously as possible.

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(c) Duplicating records as required.

(d) Assisting in daily issue of records at the Medical Records Desk.

(5) The Central Appointment Section shall be responsible for the following:

(a) Scheduling all appointments for all outpatient clinics by doctor or by clinic as specified by the Chief of Service, and on the days and hours specified by the Chief of Service.

(b) Processing patients scheduled for admission to the sick list.

(6) The Addressograph and Index Section is responsible for the following:

(a) Determining eligibility of all categories of outpatients.

(b) Maintaining control over active duty consultations referred to this command and processing the SF 513 Consultation Request.

(c) Establishing a new Terminal Digit Record on outpatients who have not previously received care at this command.

(d) Fabricating an Outpatient Services plastic recording card on each outpatient.

(e) Maintaining an alphabetical listing of every outpatient record in the Terminal Digit Filing System.

(f) Making various notations on the alphabetical card concerning receipt, transfer, or retirement of records.

(7) The CHAMPUS and Reports Section shall:

(a) Collect, collate and report statistical information as required.

(b) Prepare Non-Availability statements as directed.

(c) Counsel and advise patients seeking advice on CHAMPUS.

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(8) The Professional Branch shall consist of all functions rendering outpatient care at this command, including clinics and ancillary services. It is noted that one (1) ancillary service, the Childrens' Diagnostic and Study Unit, a joint NIH-USNH function, is assigned to Outpatient Services for liaison purposes due to its physical location at this command. The Chief, Outpatient Services, shall exercise overall coordination and administrative control of the Professional Branch and the Administrative Branch. The various Chiefs' of Services, as applicable, will maintain professional and technical control of outpatient facilities in their respective specialties and services.

(a) Clinical and ancillary services are furnished outpatients by representatives of the following Professional Services:

Childrens' Diagnostic & Study Unit (NIH)

Dental Service

Oral Surgery Branch  
Training Branch

Dermatology Service

Dermatology Clinic

Laboratory Service

Medical Service

Medical Clinics  
Gastroenterology Clinic  
Cardiology Clinic  
Allergy Clinic  
Endocrinology Clinic  
Chest Clinic  
Hematology Clinic  
Basal Metabolism  
Electrocardiogram  
Diabetic Clinic  
Hypertensive Clinic

Neurology Service

Electroencephalogram Clinic  
Neurology Clinic

Neurosurgical Service

Neurosurgical Clinic

Psychiatric Service

Psychiatric Clinics  
Psychology Clinics

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Obstetrics and Gynecology Service  
OB-GYN Clinic  
Family Planning Clinic

Ophthalmology Service  
Ophthalmology Clinic  
Optometry Clinic

Orthopedic Service  
Orthopedic Clinic  
Rheumatology Clinic  
Physiotherapy  
Mechanotherapy

Otorhinolaryngology Service  
Ear, Nose and Throat Clinic

Pediatric Service  
Pediatric Clinic

Pharmacy  
Main Pharmacy  
OPS Pharmacy

Plastic Surgery Service  
Plastic Surgical Clinic  
Speech Pathology Clinic

Radiology Service  
Radioisotope Therapy  
X-ray  
X-ray Therapy

Surgical Service  
Surgical Clinics

Proctology Clinic

Thoracic & Cardiovascular Surgical Services  
Thoracic Surgical Clinic

Urology Service  
Renal Clinic  
Urology Clinic

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(b) The following clinics come within the immediate and direct control of the Chief, Outpatient Services:

Physical Examination Clinic  
Immunization Clinic  
Walk-In Clinic  
Emergency Room

(9) The Walk-In Clinic shall:

(a) Examine and treat those patients who present themselves without an appointment, or those that feel that they cannot wait for a routine appointment.

(b) Provide sick call functions for the military and civilian staff at this command.

(c) Act as a screening clinic for new patients who cannot be placed directly into specialty clinics.

(d) Perform physical examinations, evaluations, and make determinations on military and civilian staff as required.

(10) The Immunization Clinic shall:

(a) Administer immunizations of all types to all outpatients at this command.

(11) The Physical Examination Clinic shall:

(a) Perform various physicals as required and determined by higher authority.

(b) Refer patients to specialty clinics when indicated.

(c) Complete clerical procedures involved in physicals.

(13) The Emergency Room Branch shall:

(a) Provide necessary facilities, supplies, equipment, and qualified personnel for immediate first-aid, resuscitation, and emergency treatment of all emergent conditions, shock, trauma, poisonings, and minor surgical procedures.

(b) Assume the functions of the Walk-In Clinic and Pediatric Walk-In Clinic when these clinics are closed.

(c) Maintain a current Procedures Manual for general indoctrination and ready reference for emergency room personnel.

(d) Provide personnel and material support, as required, in the implementation of the hospital mass casualty or fire bill.

(e) Record data on all patients treated on NHBETH Emergency Form 6320/1, and also record all injuries treated on Injury Report Form 6320/1A. Other required forms and reports shall be completed in accordance with current instructions.

(f) Provide for furnishing emergency supplies and equipment for ambulance use.

CHILDREN'S  
DIAGNOSTIC &  
STUDY  
UNIT (NIH)

PEDIATRIC  
SERVICE

PEDIATRIC  
CLINIC

DIAGNOSTIC  
BRANCH

THERAPEUTIC  
BRANCH

TRAINING  
BRANCH

DATE:  
10 September 1970

Approved:

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Commanding Officer

Naval Hospital  
National Naval Medical Center  
Bethesda, Maryland      Chart No. 15

15. Pediatric Service.

a. The Pediatric Service shall provide and coordinate inpatient and outpatient support relative to the examination, diagnosis, and care and treatment of eligible dependent members of the Armed Forces, active and retired. The Service collaborates with the other clinical services of the hospital as necessary in providing this care.

b. The Pediatric Service is divided into a Diagnostic Branch, a Therapeutic Branch, and a Training Branch.

(1) The Diagnostic Branch shall:

(a) Conduct examinations and consultations as requested on an inpatient and outpatient basis.

(2) The Therapeutic Branch shall:

(a) Provide specialized care and treatment, including prophylactic measures, for pediatric patients: inpatients on ward 5-A, and outpatients in Pediatric and Walk-In Clinics.

(b) Operate the nursery and direct the care of the newborn including those born prematurely.

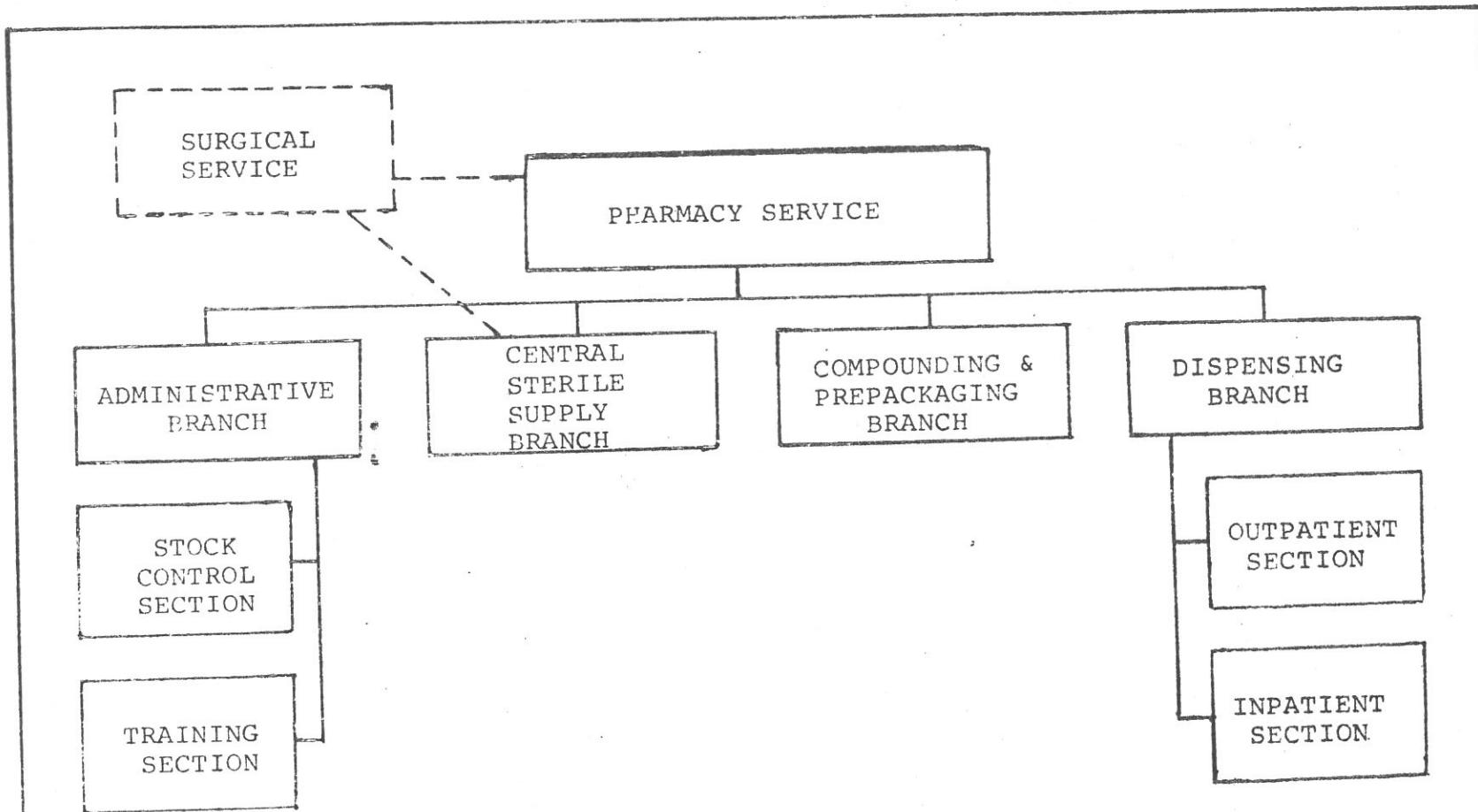
(3) The Training Branch shall:

(a) Provide postgraduate training in pediatrics for residents at the first, second and third year levels.

(b) Provide two months of training for interns in pediatrics.

(c) Provide six weeks training as clinical clerks for third year Georgetown and Howard medical students and clinical clerks (medical students) who are on active duty during the year.

(4) The Children's Diagnostic and Study Unit of NIH: Operating as a direct research activity of the National Institute of Child Health and Human Development of the National Institutes of Health, this unit provides outpatient services to dependent children of military personnel in the field of mental health, referred for evaluation by the Pediatric Service. Children with specific learning difficulties, subnormal intellectual development and motor and sensory handicap comprise the bulk of the patients evaluated in the clinic. Laboratory studies routinely performed on each patient include cytogenetic studies, amino acid screening of the blood and urine as well as biochemical tests for abnormal metabolites in the urine, including reducing substances, mucopolysaccharides and homocystine.



DATE: 10 September 1970	Approved: <i>Seel:</i> Commanding Officer	Naval Hospital National Naval Medical Center Bethesda, Maryland      Chart No. 16
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16. Pharmacy Service.

a. The Pharmacy Service plans and supervises the pharmaceutical activities of the hospital and operates the Pharmacy. The Pharmacy Service advises and makes recommendations to the Command regarding pharmaceutical policies, practices, standards and requirements.

b. The Pharmacy Service is divided into an Administrative Branch, a Dispensing Branch, a Compounding Branch, and a Central Sterile Supply Branch.

(1) The Administrative Branch shall:

(a) Provide for the procurement of standard and nonstandard drugs, biologicals, and pharmaceutical supplies and equipment.

(b) Preserve drugs to insure maximum potency and, when indicated, initiate action to determine the quality, purity and strength of pharmaceuticals in accordance with specifications in the United States Pharmacopeia, National Formulary, and other compendia; initiate reports to higher authority regarding standard drugs suspected of being defective.

(c) Establish safeguards for storing and issuing narcotics, alcohol, and alcoholic beverages, habit-forming drugs, poisons and other drugs requiring special storage for security reasons; conduct a daily inventory of all narcotics, alcohol and alcoholic beverages and insure that only authorized issues of these drugs are made; maintain records of accountable drugs.

(d) Develop procedures for the control of narcotics, alcohol and alcoholic beverages and habit-forming drugs in wards and clinics.

(e) Insure that all drugs and chemicals in store are properly labeled.

(f) Develop control systems for items compounded in bulk or prepackaged by the Pharmacy; and provide for periodic review of the implementation of these systems.

(g) At periodic intervals, inspect ward drug storage to assure that:

(1) drugs are stored under prescribed storage conditions of temperature and humidity, and

(2) dated drugs are rotated so that maximum utilization is realized prior to expiration date.

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(h) Establish procedures for the storage, labeling, issue and use of investigational drugs in the hospital; provide record-keeping assistance for the investigator as required.

(i) Provide representation on the Pharmacy Committee and prepare the agenda and minutes for each meeting effect the decisions made by this Committee after approval by the Commanding Officer; publish a Hospital Formulary and maintain the copies therof in a current status by issuing revisions as necessary.

(j) Maintain an adequate library of reference books and a file of product information for the use of the professional staff.

(k) Provide personnel for lecturing to medical officers, nurses, and hospital corpsmen on subjects encompassed by the field of Pharmacy.

(l) Establish a program for the rational disposition of drug samples in the hospital; monitor drug displays; and advise the command on pharmaceutical detailing in the hospital.

(2) The Stock Control Section shall:

(a) Establish routine stock levels and procure replenishment supplies; screen new items, both standard and nonstandard, and make such recommendations as necessary to the Chief, Pharmacy Service regarding procurement policies.

(b) Insure that items are stocked in numerical sequence by stock number (STD Stock Section).

(c) Maintain a current file of defective material and extension of potency dates as promulgated by DMMB editions, NMMD System, BUMED Notices; insure that all expired and defective drugs are removed from the active shelves pending disposition instructions.

(3) The Training Section shall:

(a) Train selected personnel in on-the-job training as outlined in the curriculum for the Class "C" School of Pharmacy Technic.

(b) Provide for continuous on-the-job training of all personnel in all phases of pharmaceutical compounding, dispensing, theoretical problems and research; maintain an adequate pharmacy library as a supplement to the continuous training program.

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(c) Provide for rotation of personnel within the service to insure training in pharmacy and indoctrination in administration, supply, accounting reports and returns.

(d) Insure that introductory lectures are given to all medical department personnel who have reported aboard for duty. These lectures shall be adapted to the particular group and will consist primarily of rules of operation and other topics of interest to new personnel.

(4) The Dispensing Branch is subdivided into an Inpatient Section and an Outpatient Section.

(a) The Inpatient Section shall:

(1) Issue drugs (including investigational drugs) to the wards and clinics of the hospital.

(2) Insure that inpatient medication containers are properly labeled in conformity with applicable laws and regulations.

(3) Maintain an up-to-date doctors' signature file.

(b) The Outpatient Section shall:

(1) Dispense to eligible outpatients drugs (including investigational drugs) prescribed by medical and dental officers and civilian physicians.

(2) Insure that each prescription is filled correctly as to identity of medication and strength, and labeled correctly as to dosage, contacting the prescriber for verification if any doubt arises regarding his intent.

(3) Maintain an adequate cross-file of all preparations compounded which shall consist of a pharmacy manufacturing log and index card file; insure that only ingredients of USP, NF, or NNR quality or equivalent thereof are used in manufacturing and that all resulting preparations conform to the standards of purity as set forth in the Pure Food and Drug Act.

(4) Maintain a formula file. This file shall contain the formula and manufacturing instructions with adequate space for recording the date of manufacture. Additions to the file shall not be made without the written approval of the Chief, Pharmacy Service.

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(5) The Compounding and Prepackaging Branch shall:

(a) Compound stock pharmaceutical preparations for issue by the Dispensing Branch.

(b) Label each bulk container with the identity of the medication and its strength if applicable; implement a control system whereby each label also bears a control number from which can be traced the manufacturer, control number, identity and quantity of each ingredient used, along with other pertinent information concerning the compounding operation.

(c) Prepackage medications in commonly prescribed units for dispensing by the Inpatient and Outpatient Sections.

(d) Label each individual prepackaged container with the identity of the medication and its strength if applicable; implement a control number from which can be traced the manufacturer, his control number, expiration date if any, and other pertinent information.

(e) Maintain the Emergency Room antidote locker.

(f) Provide for cognizance and overview of emergency issue pharmacy items in the Emergency Room.

(6) The Central Sterile Supply Branch shall:

(a) Establish routine stock levels, screen new items both standard and nonstandard and make such recommendations regarding procurement policies as necessary to the Chief, Pharmacy Service with professional assistance from the Chief of Surgery.

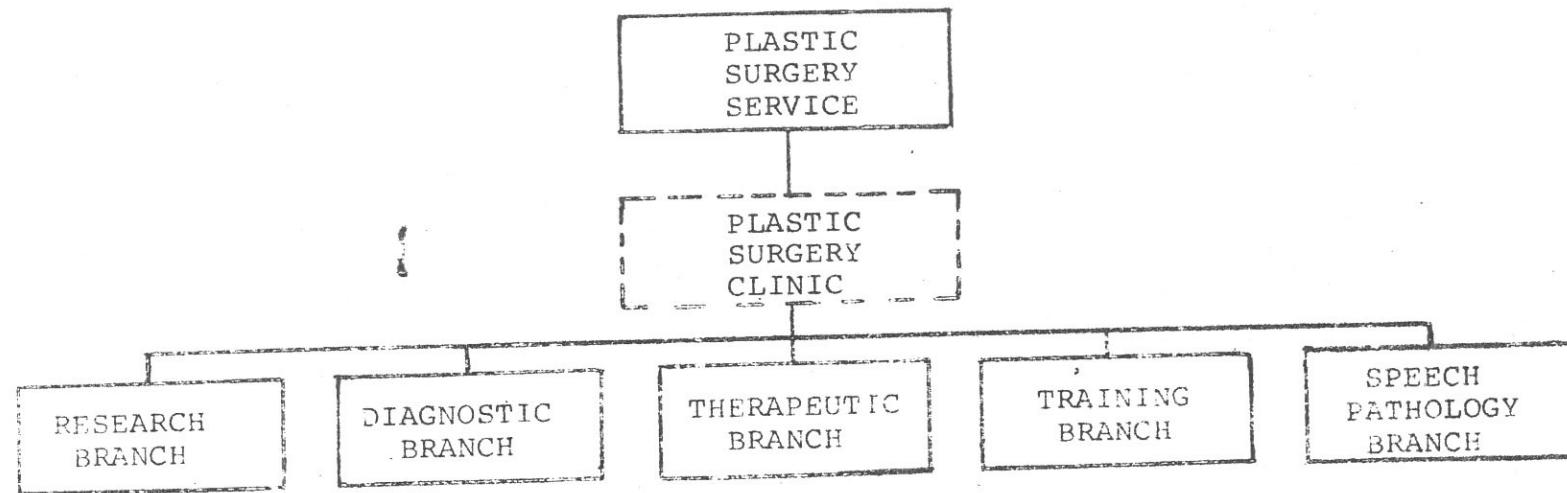
(b) Prepare and maintain a stock of sterile goods, instruments and solutions to meet the requirements of each of the clinical services of the hospital.

(c) Issue sterile supplies and solutions to the various wards and services of the hospital as required and receive used and outdated material therefrom.

(d) Store, maintain and issue oxygen and gas therapy equipment (other than that charged to the Inhalation Therapy Unit), as required.

(e) Store, maintain and issue suction and drainage equipment as required.

(f) Maintain emergency supplies of Burn Packs for ready use.



DATE: 10 September 1970	Approved: <i>John J. Kline</i> Commanding Officer	Naval Hospital National Naval Medical Center Bethesda, Maryland      Chart No. 17
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17. Plastic Surgery Service.

a. The Plastic Surgery Service shall provide services relative to examination, diagnosis and treatment, and appropriate disposition of patients with plastic and reconstructive surgical problems, and provide for outpatient care as required.

b. The Plastic Surgery Service is divided into a Diagnostic Branch, a Therapeutic Branch, a Training Branch, a Speech Pathology Branch, and a Research Branch.

(1) The Diagnostic Branch shall provide for examination and study of patients and recommendations for treatment.

(2) The Therapeutic Branch shall provide for the surgical care of those patients requiring treatment.

(3) The Training Branch shall provide postgraduate training in plastic surgery for residents.

(4) The Speech Pathology Branch shall:

(a) Provide diagnosis and treatment of speech disorders for inpatients and outpatients referred from other clinical services.

(b) Participate in conferences with clinical services and in teaching programs of the National Naval Medical Center.

(c) Provide for training of trainees as assigned.

(5) The Research Branch shall:

(a) Carry out research projects related to plastic surgery at both basic and clinical research levels.

PSYCHIATRY  
SERVICE

PSYCHIATRY CLINICS

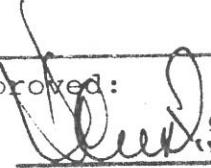
PSYCHIATRY  
BRANCH

PSYCHOLOGY  
BRANCH

OCCUPATIONAL  
THERAPY  
BRANCH

DATE:  
10 September 1970

Approved:

  
Commanding Officer

Naval Hospital  
National Naval Medical Center  
Bethesda, Maryland      Chart No. 18

17. Plastic Surgery Service.

a. The Plastic Surgery Service shall provide services relative to examination, diagnosis and treatment, and appropriate disposition of patients with plastic and reconstructive surgical problems, and provide for outpatient care as required.

b. The Plastic Surgery Service is divided into a Diagnostic Branch, a Therapeutic Branch, a Training Branch, a Speech Pathology Branch, and a Research Branch.

(1) The Diagnostic Branch shall provide for examination and study of patients and recommendations for treatment.

(2) The Therapeutic Branch shall provide for the surgical care of those patients requiring treatment.

(3) The Training Branch shall provide postgraduate training in plastic surgery for residents.

(4) The Speech Pathology Branch shall:

(a) Provide diagnosis and treatment of speech disorders for inpatients and outpatients referred from other clinical services.

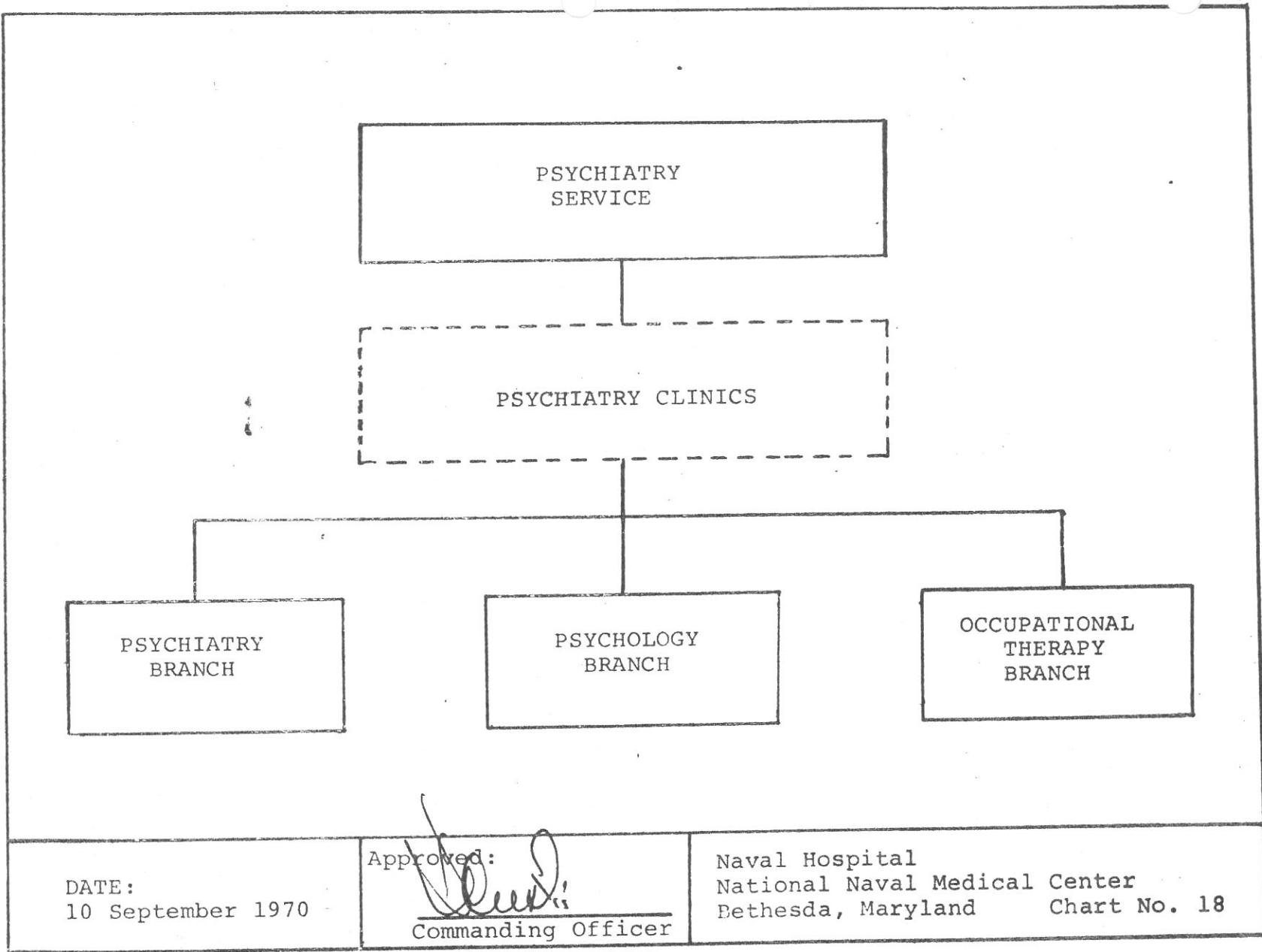
(b) Participate in conferences with clinical services and in teaching programs of the National Naval Medical Center.

(c) Provide for training of trainees as assigned.

(5) The Research Branch shall:

(a) Carry out research projects related to plastic surgery at both basic and clinical research levels.

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18. Psychiatry Service.

a. The Psychiatry Service provides and coordinates inpatient and outpatient services relative to the examination, diagnosis, care, treatment and appropriate disposition of patients requiring psychiatric treatment, and, when necessary, shall provide for the restriction and/or restraining of psychiatric patients. The service shall insure the full participation of psychiatric patients in the recreation and rehabilitation programs of the hospital and shall maintain custody of the confidential records, and correspondence which evolve during the treatment of psychiatric patients.

b. The Psychiatry Service is divided into a Psychiatry Branch, a Psychology Branch, and an Occupational Therapy Branch.

(1) The Psychiatry Branch shall:

(a) Provide for the specialized care and treatment of psychiatric disorders.

(b) Maintain protective custody of patients with psychiatric disorders when required to prevent injury to themselves or others.

(c) Conduct educational discussions with patients and their relatives to secure their cooperation in the care and treatment of psychiatric disorders and in the prevention of recurrences.

(d) Initiate appropriate disposition of patients, including medical survey, return to duty, return to duty for administrative separation, transfer to a Naval psychiatric center or transfer to another service within the hospital.

(e) Provide a training program acceptable to the Residency Training Committee of the American Medical Association for psychiatric residents at the first, second, and third year levels.

(f) Provide a training program for students assigned to the Neuropsychiatric Technician School maintained by the Service.

(2) The Psychology Branch shall:

(a) Conduct psychometric tests and measurements, including tests of intellectual ability, projective tests, examinations of attitudes and aptitudes, and group and individual situational tests.

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(b) Interpret and record the findings of psychological tests in relation to available medical, psychiatric, social and educational data and in relation to the patient's problems or personality adjustment.

(c) Conduct individual and group therapy involving such conditions as readjustment of habits, personality difficulties within the normal range and educational difficulties such as reading defects and speech impairment.

(d) Conduct an educational and training program for psychology externs and interns.

(e) Conduct research activities of relevance to the field of military psychology.

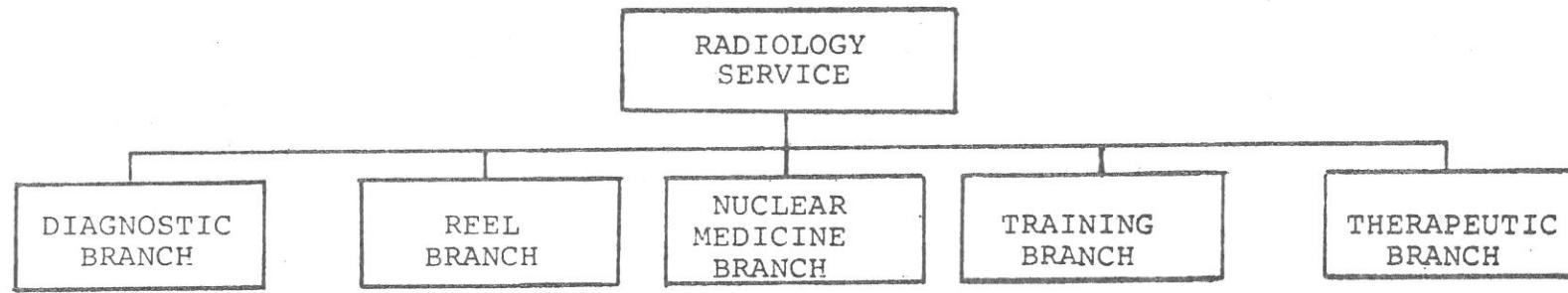
(3) The Occupational Therapy Branch shall:

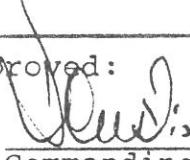
(a) Supervise and conduct the therapeutic use of medically prescribed occupational activities for the restoration of joints and muscle function, development of general strength and work tolerance, and prevocational exploration in the convalescent stage of illness.

(b) Supervise and conduct the psychiatric occupational therapy program of the hospital to arouse interest and restore confidence, establish work patterns, develop concentration, release excess energy and tension, and substitute constructive for destructive habits; promote socialization by group work and promote habit training.

(c) Provide individual and group instruction in such arts and crafts as woodworking, metal work, leather work, printing, painting, sketching and ceramics in order to provide opportunities for creative expression for all types of patients.

(d) Submit periodic reports to cognizant medical officers regarding patients' progress.



DATE: 10 September 1970	Approved:  Commanding Officer	Naval Hospital National Naval Medical Center Bethesda, Maryland      Chart No. 19
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19. Radiology Service.

a. The Radiology Service shall provide diagnostic and therapeutic radiologic services for inpatients and outpatients, including X-ray examination and interpretations, roentgen and radium therapy, radioisotope diagnosis and treatment, and detection and evaluation of internally deposited radioisotope. It is responsible for the professional guidance of the radiation casualty evaluation facilities of this center, composed of a special ward and the Radiation Exposure Evaluation Laboratory. In this phase the service works in conjunction with the Radiation Safety Officer of NNMC.

(1) The Diagnostic Branch shall:

(a) Conduct diagnostic radiographic examinations, including roentgenographic, photofluorographic and fluoroscopic examinations.

(b) Direct the developing of films and interpret films and fluoroscopic screen images.

(2) The Therapeutic Branch shall:

(a) Provide radiologic treatment of malignant and non-malignant diseases.

(b) Conduct superficial and deep radiotherapy, including the therapeutic application of roentgen rays and radium as indicated, by a radiologist qualified by training and experience in the X-ray and radium treatment of benign and malignant disease.

(3) The Nuclear Medicine Branch shall:

(a) Furnish patients and medical personnel and work in conjunction with the Department of Nuclear Medicine of the Naval Medical School in their training functions.

(b) Provide controlled use of radioisotopes in diagnosis, by persons qualified under existing regulations, in support of the clinical services, but within the limits imposed by equipment and Atomic Energy Commission licenses.

(c) Provide controlled use of radioisotopes in therapy, including teletherapy, by qualified radiotherapists of Atomic Energy Commission licensed clinicians as in (a) above.

(d) Organize research and direct clinical therapy studies.

(e) Perform special studies in radiological physics.

(f) Maintain records as required.

(4) The Radiation Exposure Evaluation Laboratory Branch shall:

(a) Conduct research into the biological effects of radiation especially in the areas of vital interest to the military, including establishment of:

(1) Biological indicators of radiation received.

(2) Exploration of clinical treatment methods for radiation exposure.

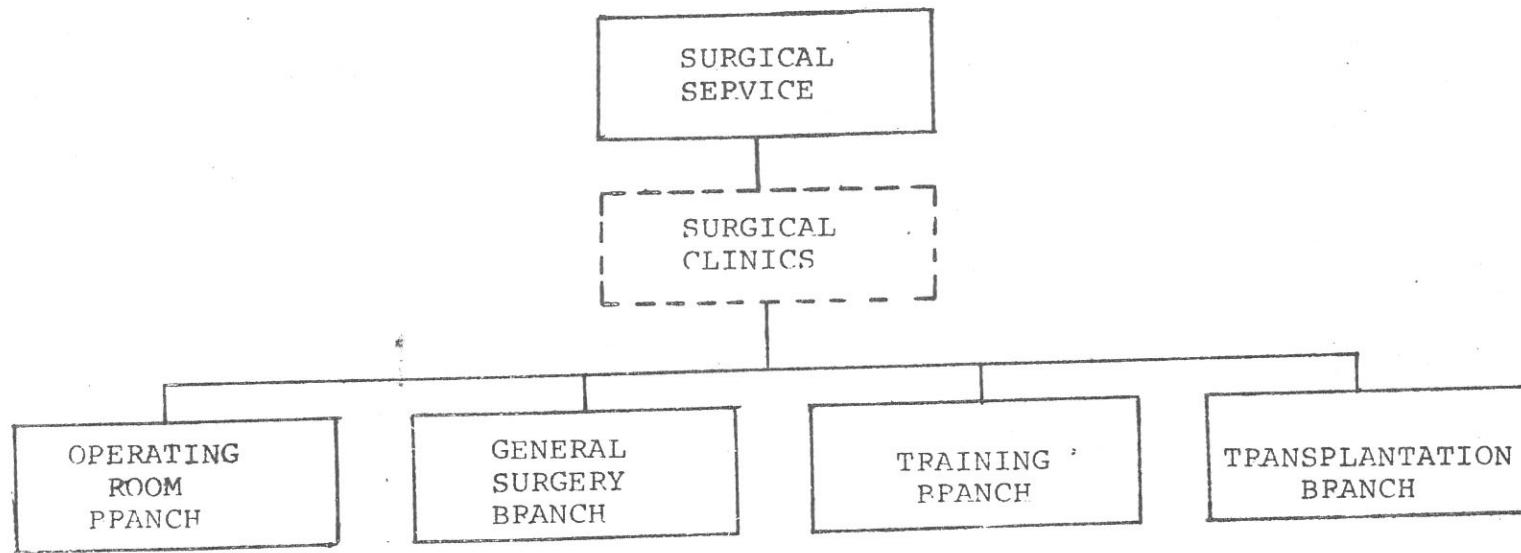
(b) Perform studies utilizing radioisotopes in an effort to reduce the dosage required for performance of diagnostic examinations.

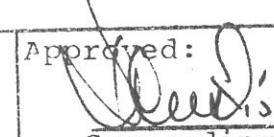
(c) Be responsible for the initial examination and management of actual or potential radiation casualties. The staff of the Naval Hospital, and/or civilian specialists, and/or military specialists or other commands, may be called upon to assist in the course of such procedures.

(5) The Training Branch shall:

(a) Provide postgraduate training in radiology for residents at the first, second, and third year levels.

(b) Provide for the training of enlisted X-ray technicians.



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20. Surgical Service.

a. The Surgical Service shall provide and coordinate inpatient and outpatient services relative to the examination, diagnosis, care, treatment and appropriate disposition of patients requiring general surgical care. The Surgical Service is divided into a General Surgery Branch, a Training Branch, an Operating Room Branch and a Transplantation Branch. In addition, all surgical specialties will be coordinated by the Chief of Surgical Service, including approval of credentials of personnel using operating suite.

(1) The General Surgery Branch shall:

(a) Provide diagnostic and surgical care for the patients admitted to this service.

(b) Provide consultation for patients from all other hospital services in matters related to general surgery.

(c) The General Surgery Branch shall include the Proctology Clinic and provide for diagnostic and therapeutic proctosigmoidoscopy for patients as needed.

(2) The Operating Room Branch shall:

(a) Assist in the preparation of patients for operations and in the transportation of patients to and from the surgical suite.

(b) Provide general assistance during all operations.

(c) Insure the proper maintenance, cleanliness and care of the surgical suite and all supplies and equipment therein.

(d) Insure that the surgical suite is adequately supplied and ready for use at all times.

(e) Supervise the sterilization of the supplies and equipment charged to the surgical suite and replace used and outdated items as indicated.

(3) The Training Branch shall:

(a) Provide postgraduate training for surgical residents.

(b) Provide four months of training for interns.

(c) Maintain and supervise a formal course for the instruction of the Operating Room Technicians.

(d) Maintain a current file of medical granted surgical privileges based on a review of their credentials.

(4) The Transplantation Branch shall:

(a) Provide and coordinate all inpatient and outpatient services relative to the examination, diagnosis, care, treatment and appropriate disposition of patients requiring transplantation and hemodialysis procedures.

(b) Direct and coordinate the multiple interdisciplinary needs of patients being evaluated for and undergoing hemodialysis and transplantation, and their subsequent care.

(c) Provide diagnostic, surgical, and therapeutic care for all patients admitted for organ transplantation, including any surgical procedures required preliminary to, or subsequent to transplantation of tissues or organs.

(d) Provide opportunity for residents to gain experience in the clinical research field relating to the transplantation of tissues and organs.

THORACIC AND CARDIOVASCULAR  
SURGICAL SERVICE

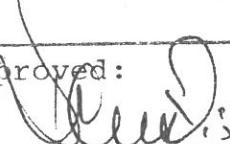
CLINICAL  
BRANCH

TRAINING  
BRANCH

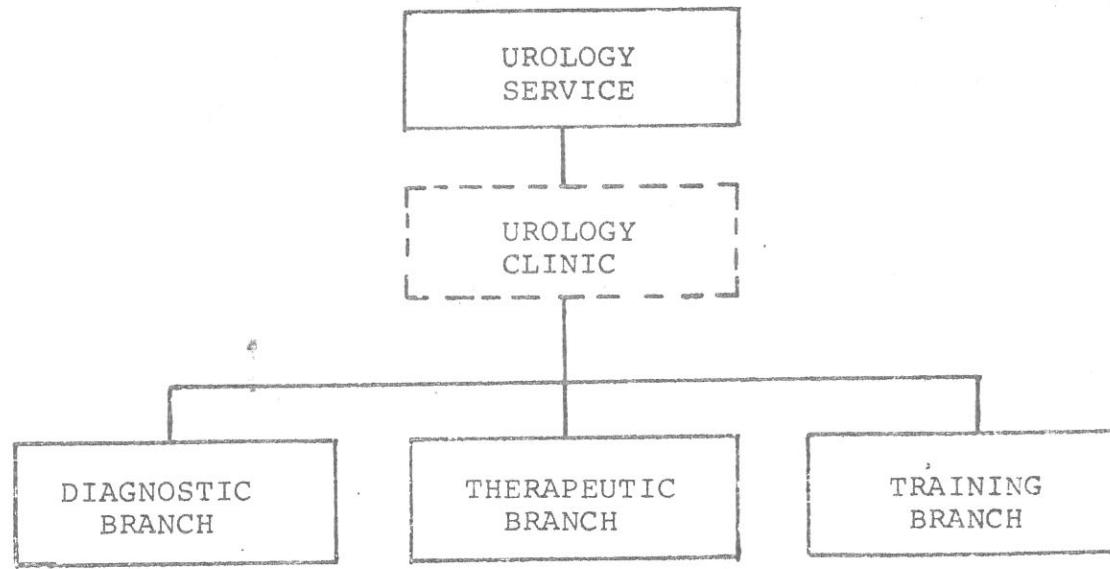
RESEARCH  
BRANCH

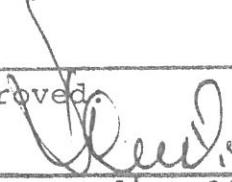
DATE:  
10 September 1970

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Commanding Officer

Naval Hospital  
National Naval Medical Center  
Bethesda, Maryland      Chart No. 21



DATE: 10 September 1970	Approved  Commanding Officer	Naval Hospital National Naval Medical Center Bethesda, Maryland      Chart No. 22
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22. Urology Service.

a. The Urology Service provides and coordinates inpatient and outpatient services relative to the examination, diagnosis, care, treatment and appropriate disposition of patients with genito-urinary conditions.

b. The Urology Service is subdivided into a Diagnostic Branch, a Therapeutic Branch and a Training Branch.

(1) The Diagnostic Branch shall:

(a) Provide cystoscopic examinations and urograms, pyelograms and other urological studies.

(b) Operate the Genito-Urinary Clinic and conduct consultations as requested.

(2) The Therapeutic Branch shall:

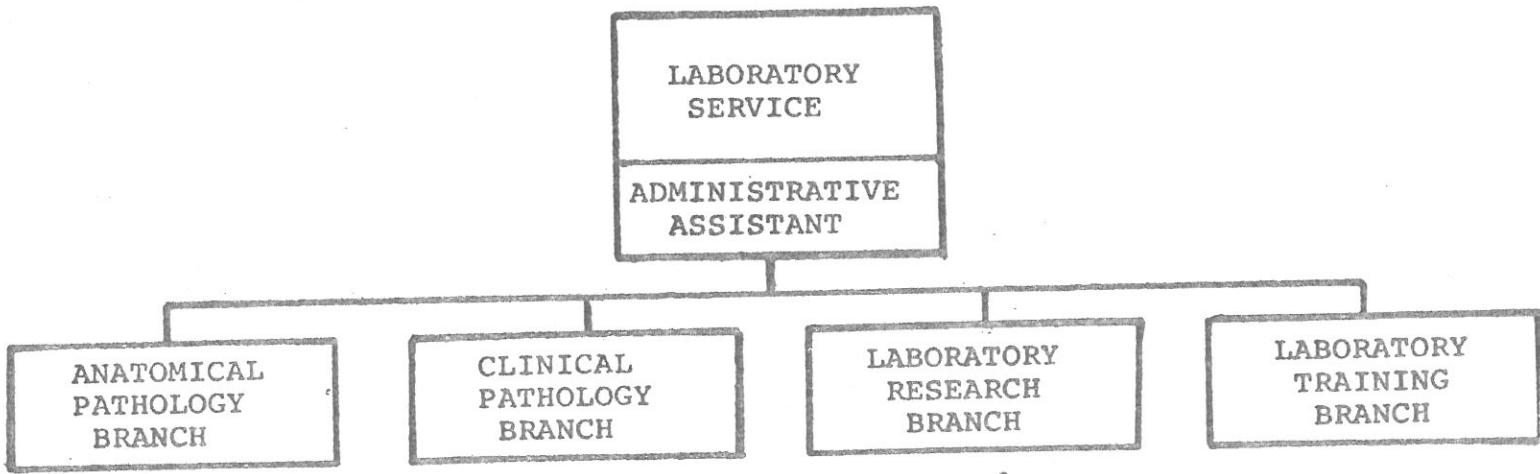
(a) Provide for the specialized care and treatment of genito-urinary diseases.

(b) Perform urological surgery and provide preoperative and postoperative care for urological surgery patients.

(3) The Training Branch shall:

(a) Provide postgraduate training in urology for residents at the second, third, and fourth year levels.

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10 September 1970

Approved  
  
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Naval Hospital  
National Naval Medical Center  
Bethesda, Maryland      Chart No. 23

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23. Laboratory Service.

a. The Laboratory Service shall provide Clinical and Anatomical Laboratory support for the care of inpatients and outpatients including the issuing of reports on specimens received and the provision of consultative services.

b. The Laboratory Service is divided into an Anatomical Pathology Branch, a Clinical Pathology Branch, a Laboratory Research Branch and a Laboratory Training Branch.

(1) The Anatomical Pathology Branch shall:

(a) Conduct a Histopathology and Cytopathology Laboratory, operate morgue facilities, maintain a medical museum and preserve appropriate records.

(b) Provide residency training in anatomical pathology and technical training in histo- and cytopathological techniques as well as museum techniques.

(c) Provide regional and reference laboratory services as directed.

(2) The Clinical Pathology Branch shall:

(a) Conduct the hospital's clinical laboratories.

(b) Provide technical and logistic support for the operation of specialty laboratories in clinical hematology, endocrinology or wherever else directed, in coordination with the appropriate Chiefs of Service.

(c) Conduct a Forensic Toxicology Laboratory.

(d) Operate a Blood Donor Center.

(e) Perform User Tests on laboratory equipment/reagents/test kits, etc. as required.

(f) Provide regional and reference laboratory service to other Naval Hospitals, Dispensaries, Clinics or government facilities as required by pertinent instructions.

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(g) Provide residency training in Clinical Pathology, technologist/technician training in Clinical Laboratory procedures, and specialized laboratory training for Medical Service Corps (Allied Science) Officers.

(h) Provide quality control and quality assurance services to clinicians and make reports to appropriate professional and governmental regulator agencies concerning laboratory proficiency testing.

(i) Conduct continuing investigations into and application of data management techniques and communications procedures appropriate to computer use and laboratory systems development.

(3) The Laboratory Research Branch shall:

(a) Provide technical and management support for personnel engaged in laboratory research.

(b) Provide instruction in research techniques to the resident pathologists, technologists and allied science Medical Service Corps Officers.

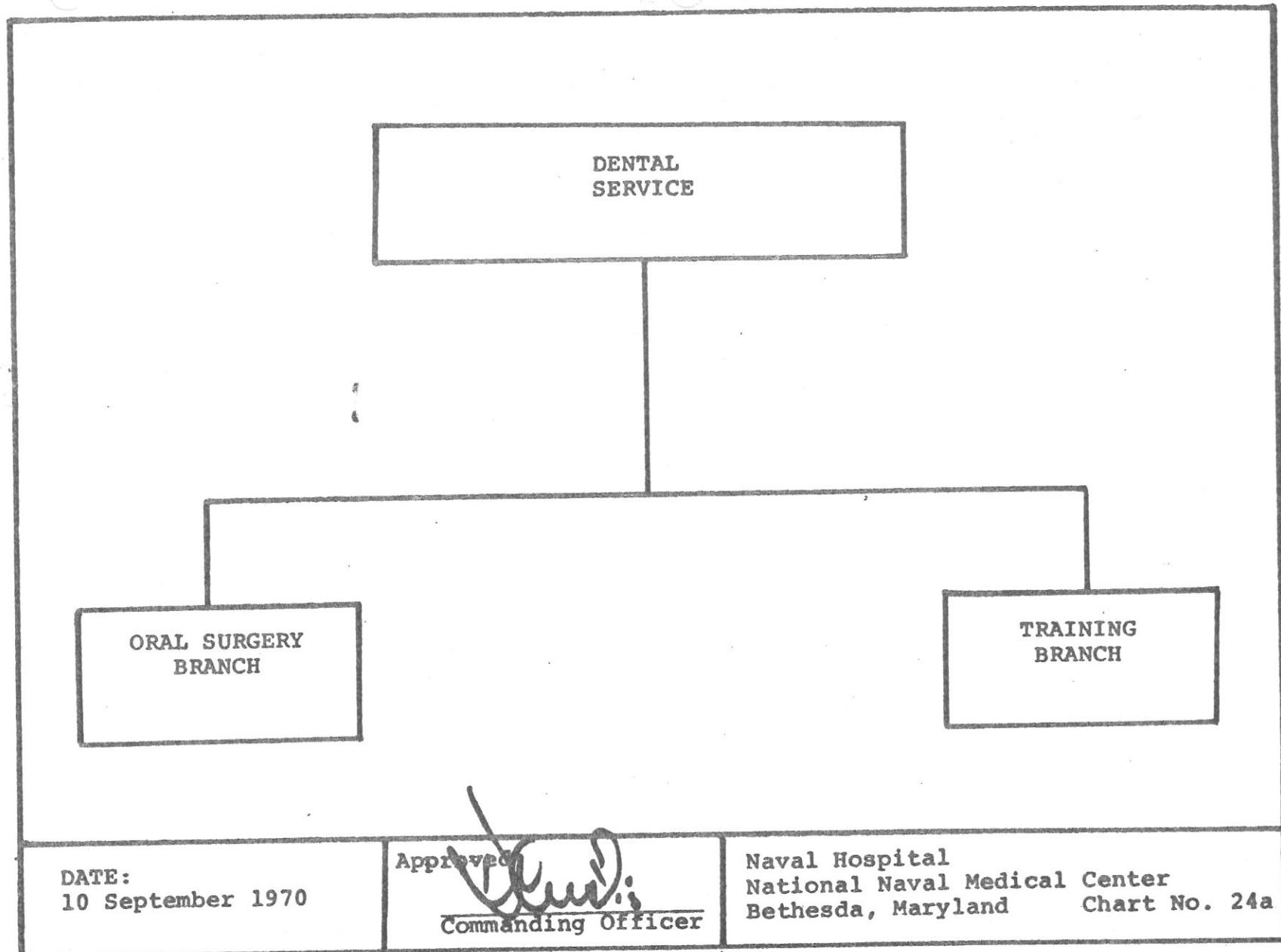
(c) Provide consultation for and coordinate laboratory projects being conducted in support of Clinical Services Research projects.

(d) Coordinate laboratory projects being conducted in cooperation with other personnel at the National Naval Medical Center, Bethesda or other governmental or non-governmental agencies.

(4) The Laboratory Training Branch shall:

(a) Coordinate and direct the Residency Intern and Extern Training Programs in Clinical and Anatomical Pathology.

(b) Provide technical support for specialized Clinical Laboratory training for Medical Service Corps (Allied Science) Officers, enlisted training in Clinical Laboratory Technique, Medical Technology, and when authorized, foreign nationals.



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24. Dental Service.

a. The Dental Service shall provide and coordinate patient care relative to the diagnosis, treatment, and management of patients with diseases, injuries, and disorders of the teeth, jaws, and associated structures. The Chief of the Dental Service shall be an Oral Surgeon. The Dental Service shall be composed of an Oral Surgery Branch and a Training Branch.

(1) The Oral Surgery Branch shall:

(a) Provide specialized care related to the diagnosis, the surgical and adjunctive treatment of the diseases, injuries, defects, and deformities of the jaws and associated structures.

(b) Provide consultation for all hospital services in matters related to oral surgery.

(2) The Training Branch shall:

(a) Provide graduate training in Oral Surgery for residents at the first, second, and third year levels.

(b) Supervise and coordinate Rotating Dental Internship Training Program.

(c) Provide and coordinate Oral Surgery Operating Room training for enlisted dental technicians.

(d) Support the Minor Oral Surgery and Exodontia training of Graduate and Postgraduate Dental Officers assigned to the Naval Graduate Dental School.

ADMINISTRATIVE DIVISIONS  
ADMINISTRATIVE OFFICER

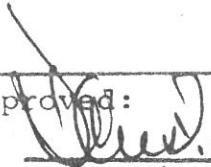
FOOD SERVICE DIVISION

PATIENT AFFAIRS DIVISION

OPERATING SERVICES

PERSONNEL DIVISION

DATE:  
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Commanding Officer

Naval Hospital  
National Naval Medical Center  
Bethesda, Maryland      Chart No. 23

PART IV - ADMINISTRATIVE DIVISIONS

1. Introduction.

a. The administrative divisions of the Naval Hospital are charged with the responsibility of conducting the business and administrative functions of the hospital and coordinating the administrative functions in an orderly manner. To this end, the administrative divisions are concerned with the men, money, and materials in adequate facilities for the care of patients and performance of other functions necessary for the efficient operation of the hospital, and as in all management functions, have as the ultimate goal the maximum effectiveness at the lowest possible cost, consistent with operating needs.

b. This administrative responsibility is vested in the Administrative Officer, who acts as the representative of the Commanding Officer. Administrative functions are handled in each of the four administrative divisions, the Operating Service Division, the Food Service Division, the Patient Affairs Division, and the Personnel Division, who coordinate their activities directly with the Administrative Officer. The Chiefs of these divisions are senior Medical Service Corps Officers who are specially trained and competent in the administrative fields under their supervision, and who report to the Administrative Officer. Close liaison and personal contact are maintained with other commands who render administrative support services and functions.

2. Duties and Responsibilities.

a. General duties of administrative officers and Chiefs of administrative divisions are prescribed in the Manual of the Medical Department.

b. This section contains organization charts and functional statements for the administrative divisions of this hospital.

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FOOD SERVICE DIVISION

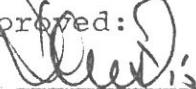
ADMINISTRATION  
AND  
STORES BRANCH

THERAPEUTIC DIET  
BRANCH

PRODUCTION AND  
SERVICE BRANCH

DATE:  
10 September 1970

Approved:

  
Commanding Officer

Naval Hospital  
National Naval Medical Center  
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3. Food Service Division.

a. The Food Service Division shall be responsible for the proper and efficient administration of the food service activities of the hospital, including the administration and therapeutic aspects of food preparation and service. The division shall exercise control over the operation, maintenance, and sanitation of all food service spaces, equipment, supplies, and provisions.

b. The Food Service Division is divided into an Administration and Stores Branch, a Production and Service Branch, and a Therapeutic Diet Branch.

(1) The Administration and Stores Branch shall:

(a) Procure fresh and dry provisions as authorized.

(b) Receive deliveries of provisions, and inspect them for quantity, quality, and condition.

(c) Operate and maintain all provision storage spaces and issue rooms, and issue provisions upon receipt of approved requisitions.

(d) Maintain a receipt control liaison file.

(e) Prepare a daily and cumulative report of the number of rations served, the value of provisions expended, and the average cost of rations.

(f) Conduct a monthly physical inventory of all Navy Stock Account provisions. Also inventory all provisions expended from NSA but not used as of the last day of the month.

(g) Initiate surveys of provisions and take disposal action as determined by survey reports.

(h) Prepare, submit for approval, and post menus for hospital patients and staff personnel subsisting in the dining areas.

(i) Prepare and submit the Food Service Performance Analysis Report (NAVMED-1412) each month.

(j) In addition to the above, the Administration and Stores Branch shall conduct and coordinate division programs for security, safety, sanitation, training, food conservation, and maintenance of food service equipment; coordinate the planning of the hospital menus; safeguard subsistence items

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expended from the stores accounts; administer military personnel assigned to the division; issue consumable supplies, linen, and employees' clothing; maintain food service data for local use or reports to higher authority; and provide clerical, logistic, and technical assistance in the administration of the hospital food service program.

(2) The Production and Service Branch shall:

(a) Assist in the planning of menus and the ordering of provisions.

(b) Prepare and serve meals, including night meals.

(c) Maintain adequate safeguards in the preparation and handling of food to prevent food poisoning.

(d) Wash and sanitize dishes, trays, glassware, and silverware; and maintain proper custody of all serving utensils and gear.

(e) Provide for the disposal of refuse and the cleaning of refuse cans.

(f) Maintain all spaces in a clean and orderly fashion.

(3) The Therapeutic Diet Branch shall:

(a) Consult with the professional staff in planning individual therapeutic diets and diet adjustments and prepare therapeutic diet menus.

(b) Prepare and supervise the service of all therapeutic diets.

OPERATING SERVICES  
DIVISION

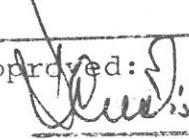
MILITARY  
AFFAIRS  
BRANCH

GENERAL  
SERVICES  
BRANCH

FINANCE/  
MATERIAL  
LIAISON BRANCH

HOUSEKEEPING  
MANAGEMENT  
BRANCH

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National Naval Medical Center  
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4. Operating Services Division.

a. Mission. To provide a variety of administrative services essential to the internal operation of the hospital, and a rehabilitation program for convalescent patients.

b. Organization. The division is divided into a Military Affairs Branch, a General Services Branch, a Finance Liaison Branch, and a Housekeeping Branch.

c. Functions.

(1) Military Affairs Branch shall:

(a) The Military Affairs Branch maintains good order and discipline in the hospital spaces and enforces internal security measures; supervises the operation of the hospital Officer of the Day's office; provides fire protection and/or fire prevention services; arraigns persons for Captain's Mast; maintains custody of persons under confinement for disciplinary reasons; investigates fires, accidents, and other occurrences as directed; supervises the Hospital Corps quarters; enforces uniform regulations; promulgates and enforces fire regulations; supervises the hospital fire fighting equipment and fire fighting personnel when hospital personnel are assigned; administers a rehabilitation program for convalescent patients under policies established by the Commanding Officer.

(b) The Branch may be subdivided into a master at arms section, and a patient rehabilitation section.

(2) General Services Branch shall:

(a) The General Services Branch provides hospital mail and messenger service and reproduction and duplicating services; maintains the central correspondence routing and file system; stocks and issues blank forms; arranges for printing requirements; staffs and supervises the operation of the hospital information desk, patient and staff locator files, and hospital paging system; and maintains liaison with the American Red Cross.

(b) The Branch may be subdivided into an office services section, and an information section.

(3) Finance Liaison Branch shall:

(a) The Finance Liaison Branch translates hospital program requirements into budgets and financial plans; accounts

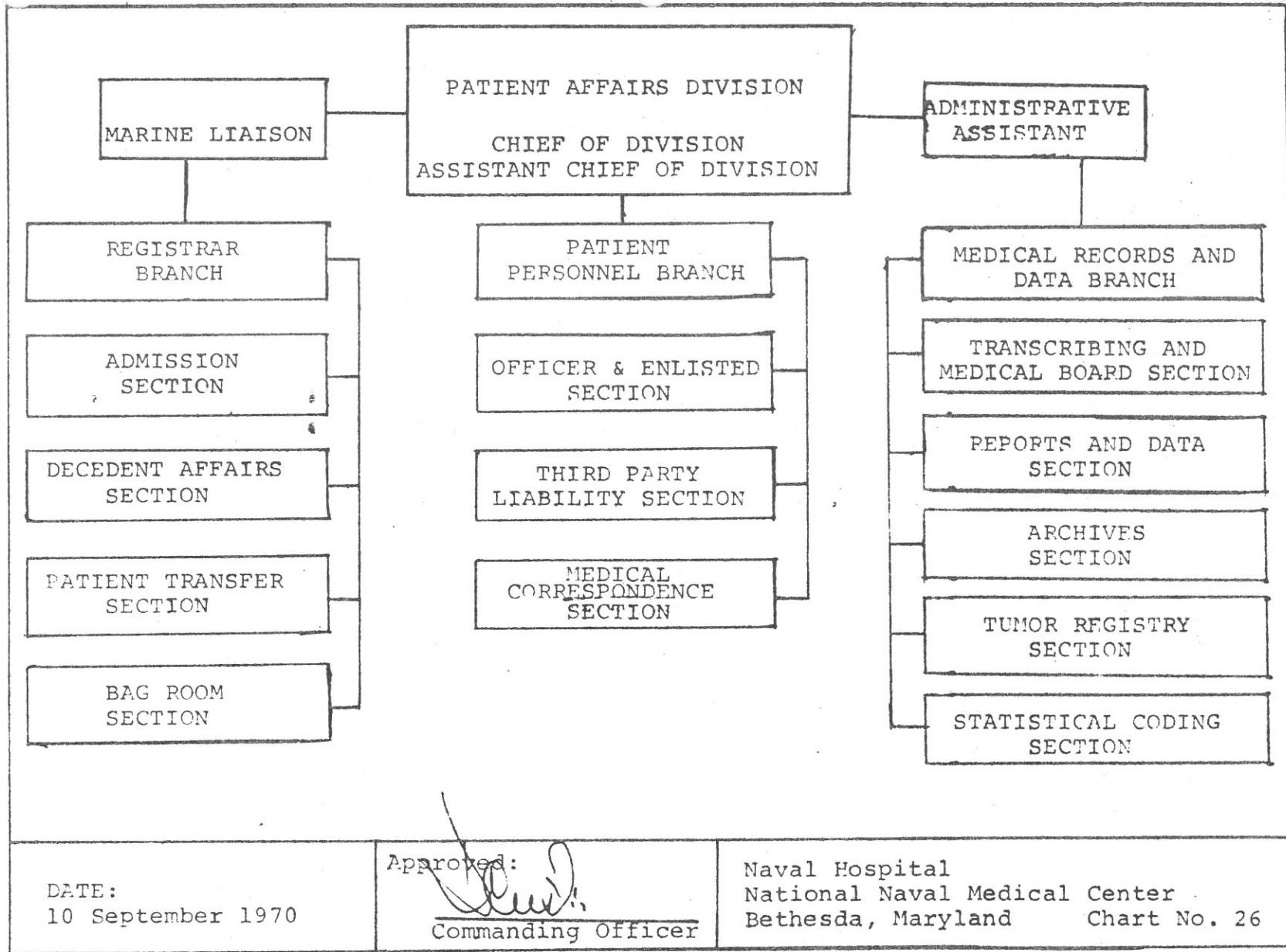
for the reports on funds and plant property; performs cost accounting estimates; reviews, analyzes, and reports on progress of performance against budgetary and financial plans; provides for the procurement, receipt, storage, inventory control, and security of all materials under its custody; administers supply procedures and prepares reports as directed by the NNMC Comptroller Department; maintains an inventory of all plant property within the hospital; provides for and/or coordinates repair of all hospital owned equipment and furnishings; and supervises the operation, custody, and use of hospital television sets.

(b) The Branch may be subdivided into a fiscal section, a supply section, and a material maintenance section.

(4) Housekeeping Management Branch shall:

(a) The Housekeeping Branch provides janitorial, cleaning, and related services for the hospital as required; provides and supervises operators for manually controlled elevators; and provides and supervises a patient escort service.

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5. Patient Affairs Division.

a. The Patient Affairs Division shall provide and coordinate procedures for admission and disposition of patients; processing medical records, reports and statistics pertaining to their professional treatment and care; receipt, storage and disposition of patients' baggage and the personnel function for active duty military inpatients.

b. The office of the Division Chief shall consist of the Chief, Patient Affairs Division, Assistant Chief, Patient Affairs Division. The Marine Liaison Office and the Administrative Assistant function as special assistants to the office of the Division Chief. The Chief, Patient Affairs Division shall be the Command Decedent Affairs Officer. He shall be responsible for the indoctrination and training of all division personnel in matters pertaining to the Division.

c. The Division is organized into the Registrar Branch, Patient Personnel and the Medical Records and Data Branch.

(1) The Registrar Branch shall provide and coordinate procedures for the admission of patients to the hospital; transportation of patients to and from other hospitals including movement of patients via the Aeromedical Evacuation System; registration of births, epidemiological reporting; and the Decedent Affairs Program. The Assistant Chief, Patient Affairs Division shall be the Assistant Decedent Affairs Officer and the Aeromedical Evacuation Coordinating Officer. The Registrar Branch is organized into the Admission Section, Decent Affairs Section and Patient Transfer Section.

(a) The Admission Section shall be responsible for:

(1) Perform the clerical function of admitting patients to this hospital.

(2) Receive, tag, and maintain temporary custody of patients' baggage until it can be moved into the bag room.

(3) Maintain a file of patients scheduled for admission.

(4) Maintain a bed control system.

(5) Maintain a birth log and submit state birth certificates.

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(b) The Decedent Affairs Section shall:

(1) Interview next-of-kin of deceased persons in appropriate cases.

(2) Perform all administrative procedures in connection with the Decedent Affairs Program.

(3) Maintain custody of and make final disposition of personal effects of deceased personnel.

(4) Maintain the death register.

(5) Close out and make final disposition of health and personnel records of deceased military personnel.

(6) Compile and distribute a list of seriously and very seriously ill patients daily and make necessary notification to their next-of-kin.

(c) The Patient Transfer Section shall:

(1) Arrange for transfer of patients to and from other hospitals and facilities.

(2) Perform all procedures required in connection with movement of patients via the Aeromedical Evacuation System.

(d) The Bag Room Section shall:

(1) Receive and store patients' baggage and maintain prescribed records.

(2) Clean, pack and tag baggage of deceased persons whose baggage is entrusted to the Bag Room.

(3) Inventory and make proper disposition of unidentified or unclaimed baggage.

(2) The Patient Personnel Branch shall perform the personnel function for all active duty military inpatients and shall provide and coordinate procedures for: receipt, storage and maintenance of military health and personnel records; discharge of patients from the hospital; reporting of information regarding injury and third party liability cases, and counseling regarding Veterans' Administration and Social Security benefits and other matters. The Branch is divided into the Officer and Enlisted Section; the Third Party Liability Section; and the Medical Correspondence Section.

(a) The Officer and Enlisted Section shall:

(1) Receive, store and maintain health and personnel records of active duty officer and enlisted inpatients.

(2) Prepare message notification concerning active duty personnel admitted directly to this hospital.

(3) Prepare orders, endorsements, reports, pay vouchers, leave papers, and other documents relative to admission, treatment and discharge of active duty personnel.

(4) Check out and discharge active duty patients.

(b) The Third Party Liability Section shall:

(1) Compile and submit all reports in connection with injuries and third party liability cases.

(2) Compile and submit reports in connection with treatment received by active military personnel from civilian physicians and institutions.

(c) The Medical Correspondence Section shall:

(1) Initiate correspondence requesting medical records from other sources.

(2) Process correspondence from other sources requesting medical records or information from this hospital.

(3) Be responsible for the operation of the IBM Magnetic Card Selectric Typewriter and related operations.

(4) Coordinate the operations of the photocopy equipment.

(5) Maintain and supervise the Master Patient Locator File within the Patient Affairs Office.

(3) The Medical Records and Data Branch shall provide and coordinate procedures for the production and storage of inpatient medical records, including narrative summaries, medical boards, operation reports, X-ray reports, and other records; operation of the Central Dictation System; maintenance of the hospital archives and retirement of records. This branch is organized into the Transcribing and Medical Boards Section; Reports and Data Section; Archives Section; Tumor Registry Section; and the Statistical Coding Section.

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(a) The Transcribing and Medical Board Section shall:

(1) Operate the Remote Control Dictation System.

(2) Transcribe narrative summaries, operation reports, X-rays, and other material received on the Remote Control Dictation System.

(3) Distribute transcribed material to medical officers for signature and collect signed records.

(4) Maintain a Chart Control System.

(5) Accomplish all clerical procedures incident to processing medical boards.

(6) Schedule periodic physical examinations for members on the temporary disability retired list.

(b) The Reports and Data Section shall:

(1) Compile and submit data as required by management and higher authority.

(2) Maintain the cross-index of diseases and operations.

(3) Compile and report data pertaining to admission, treatment and disposition of inpatients.

(c) The Archives Section shall:

(1) File, store, and maintain inpatient medical records and other hospital records as directed.

(2) Sort, destroy, and retire records stored in the archives in accordance with official retirement schedules.

(3) Maintain a research study room for authorized personnel for study or records stored in archives.

(d) The Tumor Registry Section shall:

(1) Maintain a tumor registry as provided in current hospital directives and perform all clerical procedures in connection therewith.

(2) Assist authorized personnel in retrieving data from the tumor registry files.

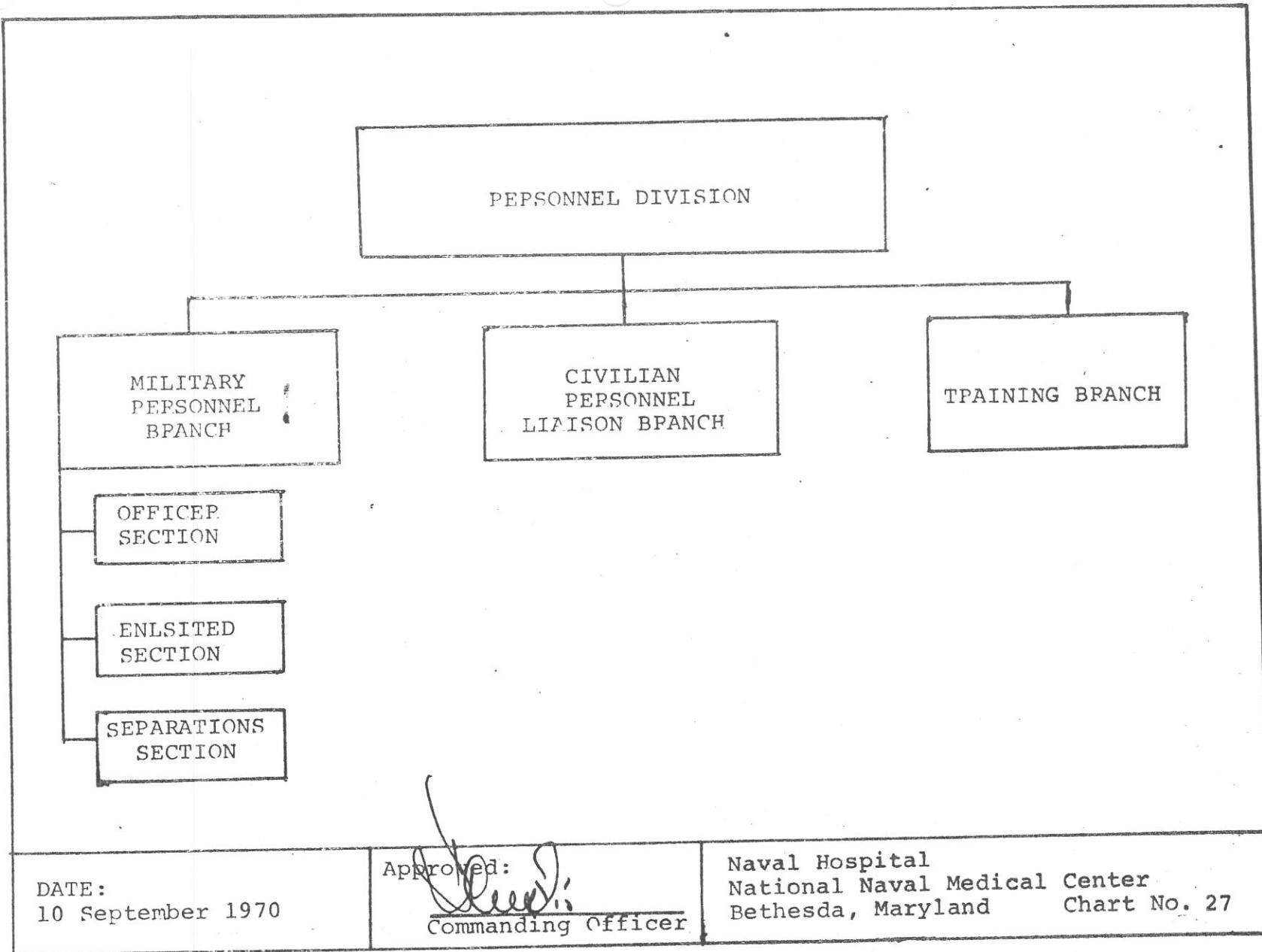
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(e) The Statistical Coding Section shall:

(1) On a daily basis, code admission, discharge, and change data onto prescribed form for entry into the ADP System.

(2) Analyze and code data pertaining to diagnosis, treatment, surgical operations, and other data onto prescribed forms for entry into the ADP System.

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6. Personnel Division.

a. The Personnel Division shall administer and coordinate the hospital staff military and civilian personnel program, assuring that personnel with skills as required are properly detailed, provide in-service training of hospital corpsmen, and insure the security of allocated hospital spaces.

b. The division is subdivided into a Military Personnel Branch, a Civilian Personnel Liaison Branch and a Training Branch.

(1) The Military Personnel Branch shall provide for the accomplishment of all administrative and clerical procedures incident to military staff personnel actions such as receipts, transfers, separations, discharges, re-enlistments, retirements, leave, liberty, temporary additional duty, promotions, and advancement in rating; maintain and safeguard the service records of staff enlisted personnel; study military personnel requirements and make recommendations for changes in billet titles or allowance; process requests for issuance of identification cards and other identification passes required for use of staff personnel and their dependents; and prepare reports and statistics on staff military personnel as may be required. The military personnel branch is subdivided into an Officer Section, an Enlisted Section, and a Separations Section.

(a) The Officer Section shall:

(1) Process reporting and detachment orders, leave papers, retirements, and other personnel documents of staff officer personnel.

(2) Process temporary additional duty orders for staff officers and officers ordered to the hospital in a like status.

(3) Prepare official correspondence submitted over the signature of staff officers.

(4) Maintain and insure security of service and health records of staff officers.

(b) The Enlisted Section shall:

(1) Make recommendations regarding enlisted personnel requirements, and assign enlisted personnel to duties in the hospital.

(2) Prepare watch bills for enlisted personnel.

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(3) Administer leave and liberty procedures for staff enlisted personnel.

(4) Process forms and reports relative to the receipt, transfer, separation, discharge, and reenlistment of staff enlisted personnel.

(5) Maintain and insure security of Service and Health Records of staff enlisted personnel.

(6) Maintain a file to insure required immunization of staff military personnel.

(c) The Separations Section shall:

(1) Accomplish procedures incident to the separation of military staff and patient personnel from the naval service, including pre-discharge interviews. Separations are accomplished by reason of physical disabilities, expiration of enlistment, hardship or dependency, resignation of commission, release from active duty, unfitness, misconduct, and unsuitability.

(2) Maintain close liaison with representatives of the Veterans' Administration on matters pertaining to veteran patients and Veterans' disability benefits. Aid personnel in the preparation and submission of claim forms.

(3) Process correspondence, prepare reports and perform other administrative functions pertaining to Veterans' Administration patients and their records.

(2) Civilian Personnel Liaison Branch. Administers the civilian personnel program for 450+ employees consisting of professional personnel including doctors, nurses, nursing assistants, administrative and clerical personnel. Maintain close liaison with the NNMC personnel office.

(3) The Training Branch shall:

(a) Publish a training program and procure qualified instructors from component commands.

(b) Supervise and administer in-service, practical and didactic classroom instruction for hospital corpsmen of the staff and for component commands.

(c) Maintain an Inservice Training Record for each individual required to attend classes; record results of pre-test/end-of-course test therein, and forward these results to the personnel officers of command concerned for inclusion in individual service records.

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(d) Maintain up-to-date attendance rosters and notify personnel officers of component commands of individual attendance.

(e) Maintain liaison with chairman and members of Hospital Corps Training Committee on all matters of interest to them.

(f) Provide for indoctrination of all newly arrived personnel to assure orientation to the Center and hospital complex.

(g) Assure that all pertinent hospital instructions and regulations are read by all hands upon reporting and at quarterly intervals.

(h) Supervise or provide necessary support to Project Transition and other programs of a like nature that pertain to training.



## STAFFING

30 June 1972

MilitaryOfficers

Medical Service	33	109
Medical Service Corps	28	56
Nurse Corps	121	116
Residents	85	118
Interns	18	21
Clinical Clerks	0	9
TOTAL OFFICERS	<u>285</u>	<u>429</u>

Enlisted

HM	478	603
Others	10	5
Students	146	117
Waves	0	42
TOTAL ENLISTED	<u>634</u>	<u>767</u>

CivilianNursing Service

Nurses	75	75
Nursing Assistants	75	73

Food Service

126	125
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Administration

159	157
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Research

4	4
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Hospital Housekeeping

Unit	42	42
TOTAL CIVILIAN	<u>481</u>	<u>476</u>

GRAND TOTAL	1400	1672
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Volunteers

Red Cross Staff	11	11
Gray Ladies		123 trained, providing service



BIRTHS TOTAL)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1967	114	89	109	103	112	115	130	126	121	104	116	116
1968	107	108	139	126	112	118	108	117	127	118	104	120
1969	135	121	148	125	135	129	147	150	149	124	152	150
1970	117	112	147	133	100	148	136	159	131	157	161	141
1971	130	114	107	130	118	79	101	120	152	127	113	143

SURGICAL OPERATIONS

	702	715	923	830	948	848	822	824	741	813	739	550
1967	827	841	893	908	940	793	965	903	860	885	834	650
1968	862	843	853	873	807	801	749	792	794	779	748	612
1969	787	782	860	839	849	851	799	716	749	636	652	556
1970	615	516	571	516	452	452	517	597	504	405	475	393

RADIOLOGICAL EXAMS (FILMS EXPOSED)

	22,992	23,270	26,561	26,301	26,896	29,994	27,240	27,837	27,117	28,904	24,651	29,382
1968	27,951	24,697	25,828	26,969	25,624	22,173	23,110	24,902	26,837	37,958	27,158	21,956
1969	33,157	23,475	29,749	29,926	26,509	24,843	25,370	24,178	27,166	30,413	31,413	28,809
1970	32,757	31,338	37,083	36,007	30,660	30,311	31,141	30,438	34,233	24,258	28,269	25,993
1971	26,700	29,165	20,155	23,093	25,363	28,869	27,770	23,605	29,489	28,105	30,236	21,954

ADMISSIONS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1967	1,262	1,129	1,261	1,208	1,272	1,265	1,265	1,270	1,188	1,318	1,163	1,047
1968	1,325	1,187	1,357	1,265	1,344	1,355	1,368	1,247	1,285	1,278	1,133	1,065
1969	1,337	1,154	1,365	1,290	1,246	1,331	1,273	1,251	1,310	1,221	1,188	1,129
1970	1,256	1,170	1,337	1,230	1,140	1,293	1,297	1,291	1,244	1,235	1,314	1,128
1971	1,289	1,190	1,271	1,202	1,161	1,190	1,202	1,183	1,062	1,123	954	1,014

DISCHARGES

1967	1,141	1,123	1,240	1,153	1,255	1,257	1,187	1,296	1,143	1,294	1,136	1,199
1968	1,206	1,223	1,310	1,279	1,292	1,336	1,338	1,359	1,200	1,246	1,190	1,181
1969	1,190	1,262	1,365	1,295	1,301	1,310	1,279	1,297	1,271	1,237	1,224	1,239
1970	1,183	1,164	1,334	1,209	1,219	1,333	1,273	1,231	1,308	1,260	1,286	1,250
1971	1,164	1,183	1,310	1,174	1,149	1,184	1,225	1,122	1,095	1,024	1,079	936

## INPATIENT CENSUS (AS OF FIRST OF MONTH)

1967	669	790	794	815	870	887	895	973	947	992	1,016	1,043
1968	891	1,010	974	1,021	1,007	1,070	1,089	1,116	1,001	1,089	1,122	1,065
1969	949	1,102	986	986	983	929	948	942	903	929	908	873
1970	756	839	840	845	784	714	751	723	703	703	689	706
1971	628	705	710	680	678	645	626	617	596	497	568	466

VIETNAM ORIGINATED ADMISSIONS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1967	43	38	55	57	58	81	79	48	78	83	74	78
1968	69	104	143	103	174	168	141	80	161	98	104	95
1969	80	56	133	103	80	115	83	59	74	77	65	80
1970	106	50	56	42	43	44	40	28	22	24	28	35
1971	8	9	13	12	7	1	1	6	4	4	3	3

OCCUPIED BED STATUS (FIRST OF MONTH)

	1967	1968	1969	1970	1971	1967	1968	1969	1970	1971	1967	1968	1969	1970	1971
	448	679	683	690	732	716	704	778	761	796	808	832			
	434	799	750	779	772	812	818	831	763	859	849	819			
	741	878	773	789	773	684	729	746	714	722	712	706			
	398	698	684	682	601	552	578	573	580	644	576	587			
	370	505	549	507	500	457	451	462	470	474	441	342			

VIETNAM ORIGINATED CENSUS (FIRST OF MONTH)

	1967	1968	1969	1970	1971	1967	1968	1969	1970	1971	1967	1968	1969	1970	1971
	133	142	165	178	181	216	233	241	281	298	282	282			
	289	274	301	349	355	417	459	463	390	431	416	424			
	418	388	332	337	330	312	332	305	287	264	237	225			
	211	203	166	148	124	124	113	113	99	97	99	101			
	98	94	102	51	50	39	38	29	19	17	13	11			

TOTAL OUTPATIENT VISITS  
CALENDAR YEAR - 1971

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
971	41,633	43,638	48,526	43,155	34,065	35,767	37,657	39,287	38,315	37,576	40,442	35,481

IMMUNIZATIONS

971	3,741	3,667	4,396	4,190	3,622	4,005	3,309	3,545	3,032	2,445	3,992	2,897
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PHARMACY PRESCRIPTIONS

971	74,708	76,728	79,089	69,362	58,110	67,119	62,750	51,315	39,078	39,934	42,641	40,556
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FISCAL YEAR

OUTPATIENT VISITS BY CLINIC  
PER FISCAL YEARS

	FY-1968	FY-1969	FY-1970	FY-1971	FY-1972
CARDIOTHORACIC SURGICAL SERVICE					
Cardio-Thoracic Clinic	402	486	688	1,175	961
DERMATOLOGY SERVICE					
Dermatology Clinic	14,472	12,362	15,728	15,881	17,723
MEDICAL SERVICE					
Allergy Clinic	17,849	10,891	14,427	17,064	15,831
Cardiology Clinic	26,850	24,750	22,498	32,186	27,151
Chest Clinic	39,894	36,907	20,783	21,907	24,308
Diabetic Clinic	1,184	1,109	1,066	1,002	843
Diagnostic (closed 12/31/67)	304	-	-	-	-
Dialysis Unit	-	-	123	368	687
Endocrinology Clinic	5,581	6,032	1,872	2,401	2,919
Gastroenterology Clinic	5,447	6,017	8,599	13,042	8,775
Hematology & Oncology Clinics	4,165	4,722	4,740	5,992	7,022
Hypertension Clinic	1,043	1,117	1,186	1,472	1,461
Internal Medicine Clinic	8,422	9,478	11,441	13,831	15,205
Nutrition Clinic	558	630	812	988	811
Renal Clinic	248	353	349	341	343
Rheumatology Clinic	1,625	1,823	1,989	3,509	3,001
TOTAL OF MEDICAL	113,170	103,829	89,885	114,103	108,388
NEUROLOGY SERVICE					
Neurology Clinic	4,700	4,335	4,955	8,744	8,172
NEUROSURGICAL SERVICE					
Neurosurgery Clinic	1,044	1,353	1,565	1,610	1,838

OUTPATIENT VISITS BY CLINIC  
PER FISCAL YEARS

FISCAL YEAR

	FY-1968	FY-1969	FY-1970	FY-1971	FY-1972
OB-GYN SERVICE					
Gynecology Clinic	21,981	29,564	34,708	35,977	33,212
Obstetrics Clinic	15,365	22,257	22,405	21,514	17,710
OPHTHALMOLOGY SERVICE					
Eye Clinic	23,124	24,028	51,692	48,744	32,614
ORTHOPEDIC SERVICE					
Orthopedic Clinic	15,724	15,984	15,986	15,848	20,073
Physical Disability(OccTher)	-	-	-	-	841
Physical Medicine Clinic	-	-	-	-	191
Physical Therapy Clinic	42,123	61,063	37,129	24,683	22,249
OTORHINOLARYNGOLOGY SERVICE					
ENT Clinic	17,572	18,919	16,526	16,090	19,073
OUTPATIENT SERVICE					
Emergency Room	20,695	20,876	24,752	29,834	32,892
Physical Exam Room	3,814	4,809	5,030	4,258	4,819
Walk-In Clinic	59,618	56,154	55,405	49,838	48,168
PEDIATRIC SERVICE					
Pediatric Clinic	1,466	12,851	20,863	24,580	13,025
Pediatric Acute Care Clinic	18,813	16,050	16,530	22,393	17,594
PLASTIC SURGERY SERVICE					
Plastic Surgery Clinic	6,081	4,766	5,311	4,905	7,286
PSYCHIATRY SERVICE					
Occupational Therapy Clinic	14,568	19,589	14,381	14,353	6,103
Psychiatric Clinic	19,624	14,811	10,834	10,025	7,726
Psychology Clinic	3,544	4,939	1,968	1,982	1,343

OUTPATIENT VISITS BY CLINIC  
PER FISCAL YEARS

## FISCAL YEAR

COMPARISON REPORT

PERCENTAGE INCREASE/DECREASE OF OUTPATIENT VISITS FOR THE CALENDAR YEARS 1970-71

CLINIC	1970	1971	Increase/Decrease over 1970		Increase/Decrease Percentage	
CARDIO-THORACIC	868	1,416	+	548	+	63.1
DIALYSIS UNIT	127	632	+	505	+	397.6
DERMATOLOGY	16,923	16,603	-	320	-	1.9
ENT	15,720	17,321	+ 1.6%	1,601	+	10.2
EYE	49,946	40,991	-	8,955	-	17.9
<u>MEDICAL</u>						
Allergy	16,234	16,427	+ 1.1%	193	+	1.2
Cardiology	29,366	29,992	+	556	+	1.9
Chest	23,200	21,894	-	1,306	-	5.6
Diabetic	1,053	902	-	151	-	14.3
Endocrinology	1,945	2,889	+	944	+	48.5
Gastroenterology	10,392	12,436	+	2,044	+	19.7
Hematology	5,064	7,299	+	2,235	+	44.1
Hypertensive	1,322	1,380	+	58	+	4.4
Int. Medical Clinic	13,069	14,172	+	1,103	+	8.4
Nutrition	1,006	819	-	187	-	18.6
Renal	312	388	+	76	+	24.4
Rheumatology	3,034	3,121	+	87	+	2.9
Total Medical	105,997	111,649	+	5,652	+	5.3
NEUROLOGY	7,434	8,419	+	985	+	13.3
NEURO-SURGERY	1,684	1,771	+	87	+	5.2
<u>OB-GYN</u>						
Obstetric	23,300	18,685	-	4,615	-	19.8
Gynecology	33,223	36,586	+	3,363	+	10.1
TOTAL	56,523	55,271	-	1,252	-	2.2
<u>ORTHOPEDIC</u>						
Orthopedic Clinic	16,562	17,104	+	542	+	3.3
Phys. Disability	-	319				
Phys. Medicine	-	84				
Physical Therapy	25,199	22,538	-	2,661	-	10.6

OUTPATIENT SERVICES

Emergency Room	28,368	31,212	+	2,844	+	10.
Physical Exam	4,343	4,992	+	649	+	14.9
Walk-In Clinic	55,243	47,397	-	7,846	-	14.2

PEDIATRICS

Pediatric Clinic	20,640	21,754	+	1,114	+	5.4
Peds Acute Care	18,799	21,038	+	2,239	+	11.9
Total	39,439	42,792	+	3,353	+	8.5

PLASTIC SURGERY	5,262	5,663	+	401	+	7.5
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PROCTOLOGY	2,613	3,642	+*	1,029	+	39.4
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PSYCHIATRY

Occupational Ter.	12,801	10,071	-	2,730	-	21.3
Psychiatric Clinic	13,615	7,073	-	6,542	-	48.1
Psychology	2,177	1,243	-	934	-	42.9

RADIOLOGY SERVICE

Radiation Therapy	4,558	5,182	+	624	+	13.7
Radioisotope Lab.	7,161	11,455	+	4,294	+	60.

SPEECH PATHOLOGY	1,019	1,037	+	18	+	1.8
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SURGERY-GENERAL	6,085	5,979	-	106	-	1.7
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UROLOGY	12,699	16,486	+	3,787	+	29.8
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TOTAL VISITS	492,366	488,342	=	4,024	-	.8
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DAILY AVERAGE

All Clinics (5 days a week - 252 days)		<u>1970</u>		<u>1971</u>
		1,619		1,626

Walk-In and Emergency Room (7 days a week - 365 days)		<u>238</u>		<u>216</u>
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TOTAL DAILY AVERAGE OF OUTPATIENTS VISITS		<u>1,857</u>		<u>1,842</u>
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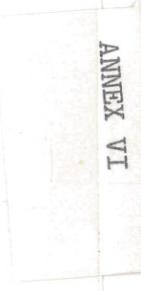
## V. PROJECTS IN PROGRESS

1. JO # 66374140 - Building 8 convert storeroom to Blessed Sacrament Chapel.
2. JO # 89688853 - Building 42 - Install temperature alarm system.
3. JO # 20154004 and 4005 - Building 11 - Alterations to NMDSC spaces to relocate computer operation.
4. JO # 66494502 - Building 141 - Modify NSHCA Library.
5. JO # 89268512 - Building 119 - Alterations to Environmental Stress Laboratories.
6. JO # 69908771 - Building 136 - Alterations to Tissue Bank Lymphasite Laboratory.
7. JO # 66464408 - Building 1 - Alterations and renovation to Dental Prosthetic Laboratory Casting Room
8. JO # 85018551 - Building 17 - Install new electrical distribution panels and feeders.
9. JO # 85018552 - All NMRI Laboratories - Install safety eyewash fountains and fire protection blankets.
10. JO # 66374145 - Building 136 - Radiation Safety alterations for new darkroom facility.
11. JO # 69608991 - Building 42 - Install wall panels in reactor exposure room.
12. JO # 89748918 - Building 42 - New paneling and acoustical treatment of Conference room.
13. JO # 66465305 - Building 1 - Stitt Library - Provide space for special training and teaching aid facility.
14. JO # 85088548 - Building 21 - Installation of surgical light and equipment in animal operating room.
15. JO # 35808616 - Building 141 NSHCA - Convert portion of classroom to instructors' offices.

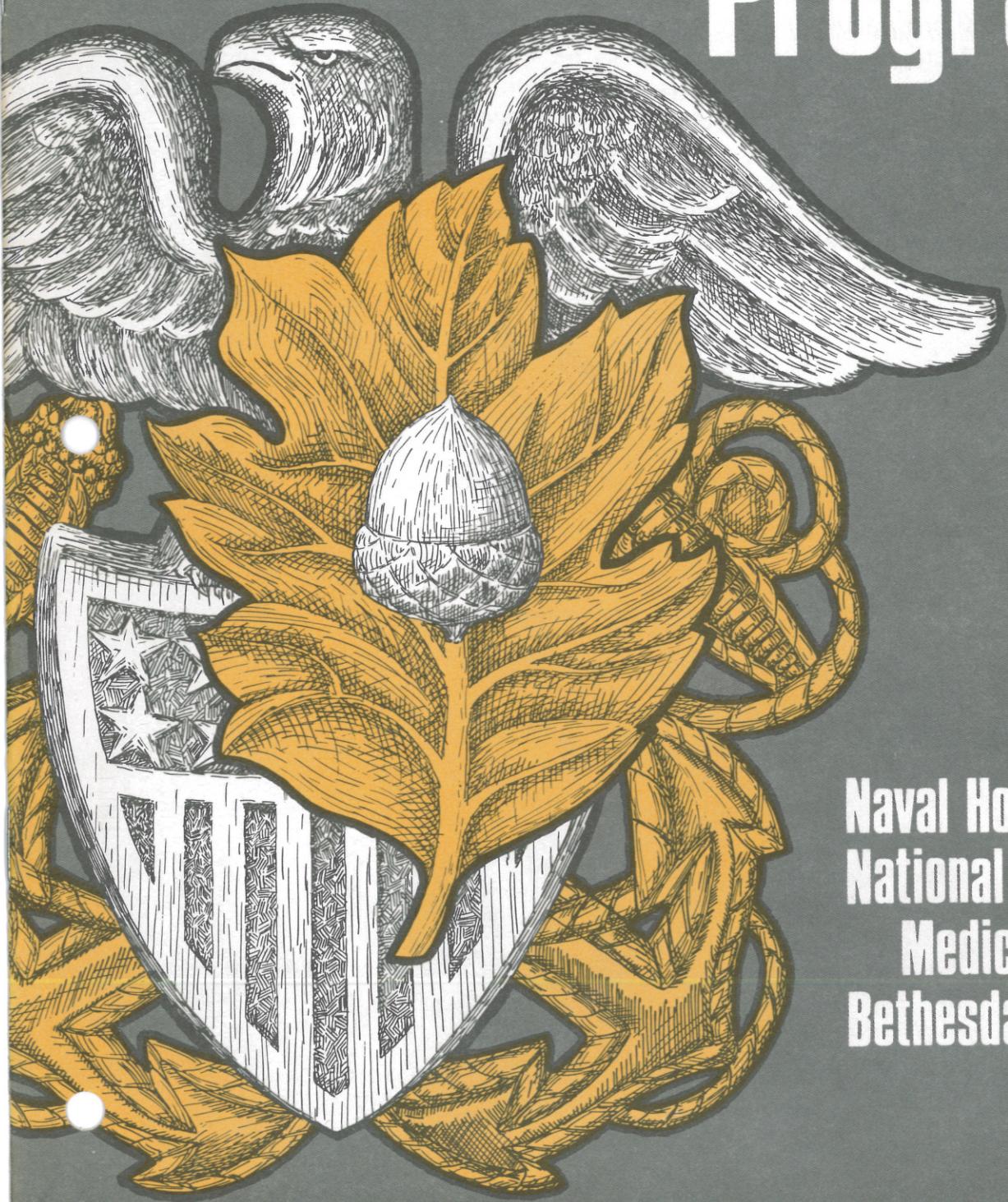
CONTRACTS

<u>CONTRACT NO.</u>	<u>CONTRACT COST</u>	<u>CONTRACT TITLE</u>
69-C-0841	\$ 169,374.00	Navy Exchange Service Station
70-C-0945	97,400.00	Mod. to Water & HVAC Systems, B. 21
71-C-0074	235,514.00	Functional & Requirements Study
71-C-0466	7,913.00	Tree Maintenance
72-C-0035	12,400.00	Repair to Boilers
72-C-0339	3,000.00	Repair Exterior Surfaces (AFFRI) B. 46
72-C-0345	21,218.00	Alterations for Electrical Power, NMRI, B. 17
72-C-0346	24,500.00	Alterations for Electrical Power, B. 12
72-C-0352	51,234.00	Alterations for Parking Spaces
72-C-0353	6,418.00	Installation of High Voltage Electrical Cable
72-C-0356	23,534.00	Repair of Roads
72-C-0358	67,000.00	Repair of Roofs
72-C-0359	11,232.00	Repair & Waterprooff Ext. Building Surfaces, AFFRI
72-C-0360	19,585.00	Repair of Vinyl Coated Wall Covering - Various Areas
72-C-0361	4,125.00	Alt. for Drainage - Stone Lake
72-C-1526	16,296.00	Concrete Sidewalks

ANNEX VI



# Internship Programs



Naval Hospital  
National Naval  
Medical Center  
Bethesda, Maryland

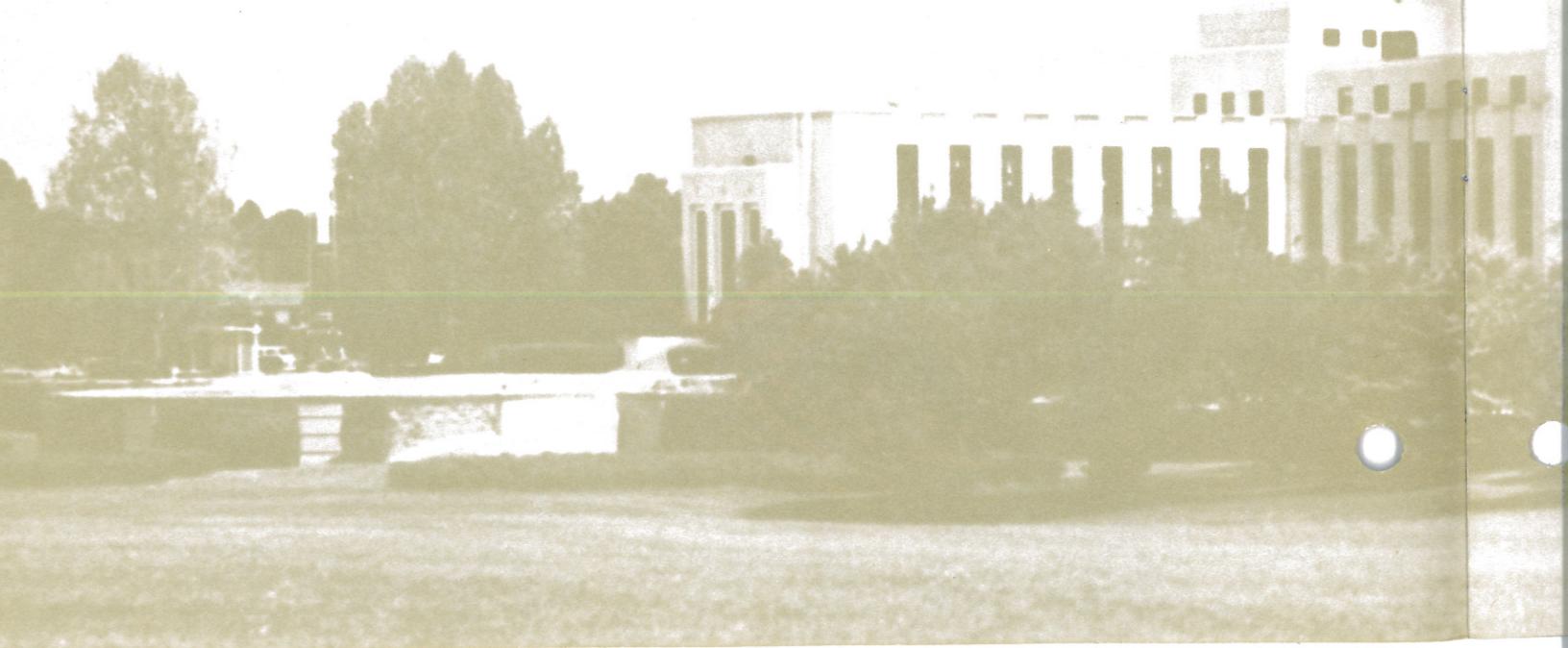
## FOREWORD

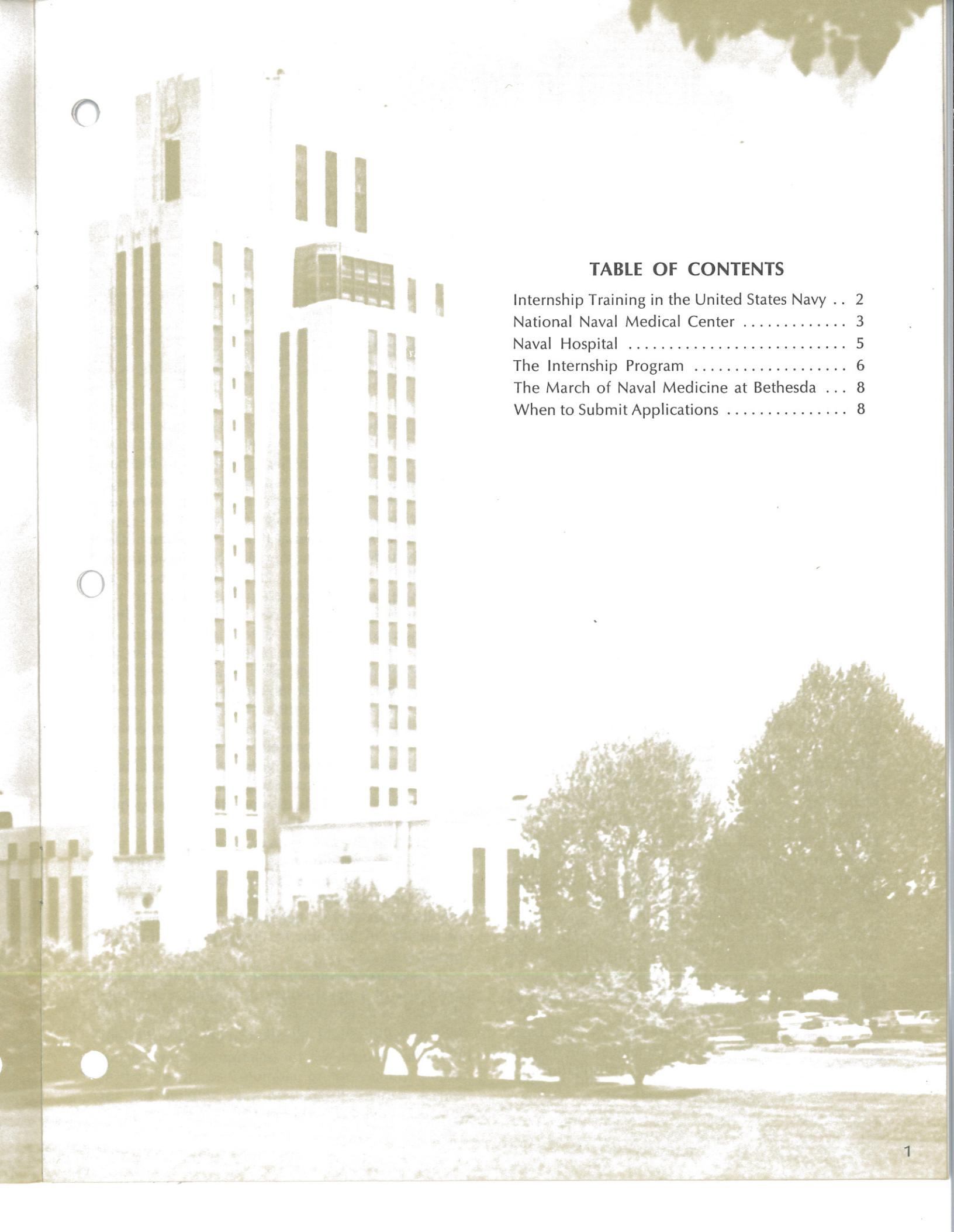
To all prospective interns:

Medical education is the basis for quality patient care. The Navy wholeheartedly supports this thesis through programs spanning a medical officer's entire career, beginning with an internship. The internship is regarded as the keystone of the educational program, and this brochure is intended to acquaint you with some of the opportunities available in the Navy Medical Corps to further your professional capability.



G. M. DAVIS  
Vice Admiral, Medical Corps, U.S. Navy  
Surgeon General





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# Internship Training in the United States Navy

The Navy, participating in the National Intern Matching Program, Inc., offers 184 internships each year. The training is provided in ten naval hospitals selected for the excellence of their facilities and for the abundance of clinical material. Nine of the ten hospitals also provide residency training and are located in areas in or near civilian teaching centers. In these hospitals the intern training is similar to that in university hospitals.

The aim of the naval internship is to provide the intern the training and experience to qualify him to take competent care of medical problems he will be expected to handle as a medical officer in the U.S. Navy, and to provide a solid foundation for later training in a clinical or military specialty.

An internship at a naval hospital offers to the graduating physician an opportunity for developing to the fullest his professional knowledge and capabilities. Navy medicine keeps abreast of advances in clinical medicine and has pioneered in many areas of medical research. All of the ten naval hospitals which have internships operate emergency rooms and busy outpatient clinics, in addition to providing inpatient care. Every phase of training is covered, and the alert and ambitious young physician will find a naval internship a challenge capable of developing his talents to a maximum.

During the internship the medical officer receives the best possible professional training in learning the art of medicine and in developing the very important doctor-patient relationship. He takes part in the clinical, departmental and Tissue Committee meetings; pathological, x-ray, record and facility conferences, and Journal Clubs, and learns ward administration and patient care. He receives instruction by lectures and demonstrations, attending and participating in autopsies, assisting in and performing surgical and obstetrical operations and procedures, administering anesthetics, serving in the emergency room, and through regularly organized daily ward rounds with bedside teaching.

The intern is assigned regular night duty during which his activities are supervised by senior watch officers, and he learns of his responsibilities in the care of medical and surgical patients. Naval interns are usually assigned night and weekend watches, on a one out of three schedule.

Naval hospitals are staffed on a 24-hour basis, and those staff members not actually at the hospital may be reached by telephone for consultation and

assistance. Of great benefit to the intern is the fact that the entire hospital staff is on full time duty at the hospital and therefore constantly available for instruction and guidance.

All patients admitted to a naval hospital are accessible to the intern for study and, as he attains proficiency, his responsibility for patient care is increased accordingly. Medical care is offered not only for military personnel but also for their dependents and to retired personnel and their dependents, so that there is ample experience to be had in all phases of medicine.

From the purely professional standpoint, the practice of medicine and surgery in the Navy differs from civilian practice only in its environmental setting. Superb medical facilities and equipment, as well as assistance by highly skilled medical and administrative personnel, are available to the naval medical officer; his choice of treatment is not limited by economic considerations, and he enjoys the military physician's procedural freedom.

The personal benefits afforded the career officer and his family are numerous. Among them are financial security, substantial retirement benefits and 30 days of vacation each year. In addition, the naval intern is provided with excellent medical and dental care including hospitalization; his dependents are eligible for medical care and hospitalization. An excellent life insurance plan is available for only \$3.00 monthly. For the physician, as well as for his family, military life holds advantages often denied in private practice, above and beyond professional considerations. For himself, there is a real family life, holidays and annual vacations without loss of income or patient's good will. Wholesome recreation—swimming pools, hobbyshops, tennis courts, golf courses, gymnasiums, little theatre groups—is available for the family to enjoy together.

The pay and allowances vary in accordance with the officer's grade, length of service and marital status (approximately \$12,000 annually). Periodic pay increases accrue, generally after 2-year periods of service, in addition to increases resulting from promotion.

Naval interns are entitled to all of the rights and privileges of a naval officer, including retirement if disabled, and transportation of himself, his dependents and household effects to and from his place of duty.



# National Naval Medical Center

## GENERAL

The National Naval Medical Center is situated in a suburban area of Metropolitan Washington, D. C., a delightful residential section, directly across the street from the National Institutes of Health, probably the world's largest institution for medical research. In the immediate vicinity of the Medical Center is the National Library of Medicine, which houses the largest collection of medical literature in the world.

The National Naval Medical Center is composed of the Naval Hospital, the Naval Medical School, Naval Dental School, Naval Medical Research Institute, Naval School of Hospital Administration and the Navy Toxicology Unit. To this has been added the Armed Forces Radiobiology Research Institute which is shared by all Armed Forces Medical Departments and the U.S. Public Health Service. It houses an atomic reactor which is used for isotope production and biomedical research. A closed circuit television hookup between the National Naval Medical Center, National Institutes of Health, Walter Reed Army Medical Center, and Armed Forces Institute of Pathology is in operation with six hospitals receiving. There are several receiving sets in the Naval Hospital and Medical Center where programs may be viewed.

## HISTORY

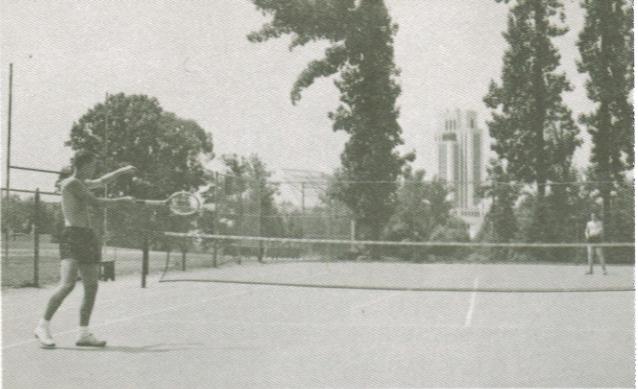
The National Naval Medical Center was first established in 1935 and consisted of the Naval Hospital and the Naval Medical School located at 23rd and E Streets, N.W., Washington, D. C., the present site of the Bureau of Medicine and Surgery. In 1938, money was appropriated for the acquisition of land in the District of Columbia, or the vicinity thereof, for the building of a new Naval Medical Center. The site, selected from among 80 others inspected,

consists of 242.4 acres located approximately one mile north of Bethesda, Maryland, on Rockville Pike (U.S. Route 240), opposite the National Institutes of Health.

The site of the National Naval Medical Center is on one of the earliest grants of land in the Bethesda area. Originally known as "Leeke Forest," the land now occupied by the Center was part of a 710 acre tract of land surveyed for Colonel Henry Dulaney in 1688. It was called "Darnall's Forest" when Colonel Henry Darnall secured a grant of 712 acres on November 12, 1694. Colonel Henry Dulaney and Colonel Henry Darnall were owners of large tracts of land and holders of extensive "patents" on land throughout Maryland. Portions of the original "Leeke Forest" were later granted to Andrew Hughs and to Henry Leek, who had 185 acres of "Lees's Lot" surveyed and secured a patent for the 185 acres on March 28, 1747.

The contracts for the construction of the Center were awarded, and ground was broken with appropriate ceremonies on June 29, 1939. Actual construction was started soon thereafter. The cornerstone was laid on Armistice Day, 1940 by President Franklin D. Roosevelt in the presence of the Secretary of the Navy and his staff, the chiefs of the various bureaus of the Navy Department, the Surgeons General of the Army and Public Health Service, and many other distinguished guests including members of Congress and of the medical profession.

The newly constructed Medical Center was officially commissioned February 5, 1942, and the medical facilities thereat established by the Secretary of the Navy as the National Naval Medical Center, Bethesda, Maryland. On August 31, 1942 it was dedicated by President Roosevelt, which occasion also commemorated the 100th anniversary of the Bureau of Medicine and Surgery.

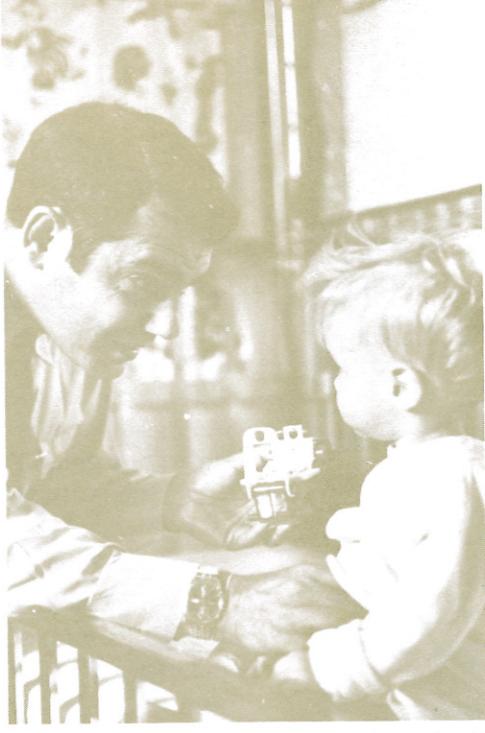
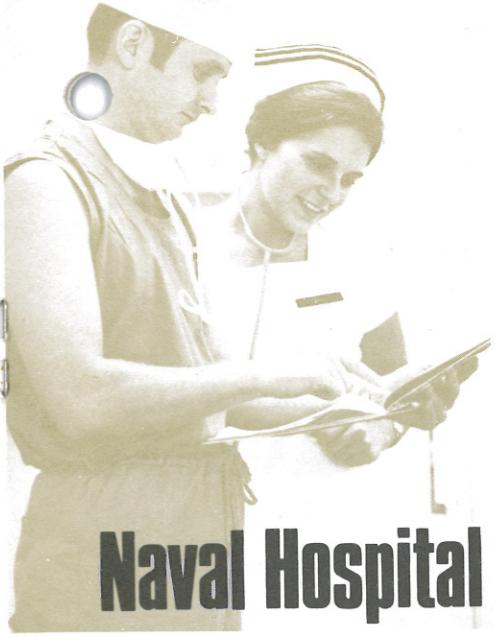


## ARCHITECTURE

The buildings are of structural steel, faced with precast-exposed aggregate concrete panels. The style is monumental and balanced. Various-colored terra cotta is extensively used in the interior corridors and rooms with a most harmonious effect. The lobby walls are of Vermont marble in three colors trimmed with white bronze. The tower of the administration building, which is on a bluff facing Rockville Pike, dominates the landscape for many miles in all directions.

## LANDSCAPING

The landscaping is accomplished with trees native to this section of the country, such as oaks, elms, sycamores and magnolias. A nine-hole golf course encircles the buildings. The golf course adds to the natural contour and beauty of the grounds and provides a popular outdoor recreation facility for patients and staff. There is a small, artificial lake fed by natural springs located directly beneath the tower and in the center of the front lawn which has been popularly called Lake Eleanor in honor of the first lady of the land at the time the Center was built and commissioned. This beautiful area is the setting for the annual Easter Sunrise Services sponsored jointly by the Bethesda Council of Churches and the National Naval Medical Center. Sponsorship of the Easter Services by the Bethesda Council of Churches began in 1947. In addition, an artificial lake and a recreation area were developed in the wooded area in the eastern portion of the reservation in 1954. The lake and recreation area, named in honor of Rear Admiral L. O. Stone, MC, USN, former Commanding Officer of the Center, has facilities for wading, boating, and fishing. The adjacent recreation area is equipped with picnic tables, barbecue pits and benches.



## Naval Hospital

The NAVAL HOSPITAL, BETHESDA, MARYLAND, is a general hospital with a 1007 bed capacity expandable to 1170 beds in an emergency. The services of the hospital cover all age groups, both sexes, in all specialties. A special feature of the hospital is the Radiation Exposure Evaluation Laboratory which has the functions of utilizing the most modern sources of radiation in the research and clinical treatment of diseases and of evaluating and treating radiation injury, on a referral basis, should any such injury occur through the Defense establishment. All teaching programs for residents and interns are supervised by Board certified or Board eligible staff members and by civilian visiting physicians from the medical schools and teaching hospitals in Washington, D. C., and Baltimore, Maryland. In addition, the hospital trains hospital corpsmen in all the major and sub-specialties of a general and specialized treatment center.

The hospital is fully accredited by the Joint Commission on Accreditation of Hospitals and a member of the American Hospital Association.

There are Bachelor Officer Quarters available for single officers or married officers reporting without families. There is no government housing for families; however, suitable civilian housing is readily available in the surrounding residential areas at ap-

proximately the same monthly rental basis as in any metropolitan area. Commissary and Exchange facilities are provided by military installations in the metropolitan area. A number of private and public pre and elementary schools exist within commuting distance.

There are many recreational facilities available on the grounds of the Center, including an Officers' Club, indoor swimming pool, nine hole golf course, tennis courts and bowling alleys. Also, the Metropolitan-Bethesda area provides many cultural advantages, such as the National Symphony Orchestra; Washington Civic Opera; concerts and ballets at Constitution Hall and Lisner Auditorium; free military band concerts; the Watergate Summer Theatre; galleries such as the National Gallery of Art and the Corcoran Art Gallery; two year-round legitimate theaters; events such as the Cherry Blossom Festival and the National Capital Flower Show; lectures at the Library of Congress; regattas on the Potomac; the Rock Creek Nature Center; free access to public buildings and parks of the Nation's Capital. Also, Bethesda is within easy driving distance of the Winchester Apple Blossom Festival, the Gettysburg Battlefields, historic Williamsburg, the Skyline Drive and many other beautiful areas.

The workload our interns helped to carry during fiscal years 1968-1969-1970 is shown below:

1968	1969	1970
446,556	478,323	481,632
15,077	15,099	14,833
88%	86.2%	86.2%
1,414	1,489	1,629
800	832	715

Number of Outpatient Visits  
Number of Patients Admitted  
Per cent of Autopsies  
Number of Deliveries  
Daily Average Occupied Beds



# The Internship Programs

## PERIOD OF INTERNSHIP

The Intern Training Program offered at this hospital commences on 1 July and terminates on 30 June of the following year. Certificates of satisfactory completion of the internship, attested by the Surgeon General of the Navy and the Commanding Officer of this hospital, are presented to graduating interns at appropriate exercises on or about 30 June annually.

## TYPES OF INTERNSHIPS

This hospital offers the following types of internships: straight medical; straight surgical; rotating<sup>0</sup> (4 months medicine, 4 months surgery, 4 months elective); rotating<sup>1</sup> (6 to 8 months medicine plus electives); rotating<sup>2</sup> (6 to 8 months surgery, 4 months medicine, electives as time permits); rotating<sup>3</sup> (6 to 8 months obstetrics-gynecology, 4 months medicine, electives as time permits); rotating<sup>4</sup> (6 to 8 months pediatrics, 4 months medicine, electives as time permits).

## RESPONSIBILITIES OF CHIEFS OF SERVICES

Chiefs of Services are responsible to the Commanding Officer for proper instruction and performance of duty of interns assigned to their Services. They keep themselves currently informed of the professional ability and progress of each intern assigned to their services. They shall promptly inform the Graduate Training Committee of lack of aptitude or interest, or inadequate performance of administrative or professional duties on the part of any intern.

## STATUS AND DUTIES OF INTERNS

The intern is an officer of the Navy, and as such may be assigned administrative duties commensurate with his rank and experience in the service as a part of his basic training as a naval officer. Interns attend all medical staff meetings, all clinical conferences of the Services on which they are serving and, additionally, are encouraged to attend all autopsies.

## GRADUATE TRAINING COMMITTEE

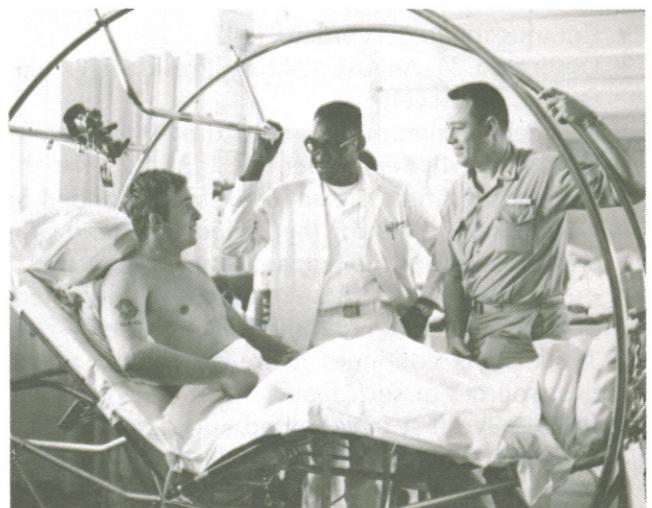
The Graduate Training Committee consisting of the Director of Clinical Services as Chairman, and Chiefs of Services and such other officers as designated by the Commanding Officer, is responsible for organizing, supervising and evaluating intern training, with the objective of developing and maintaining the highest standards in this program.

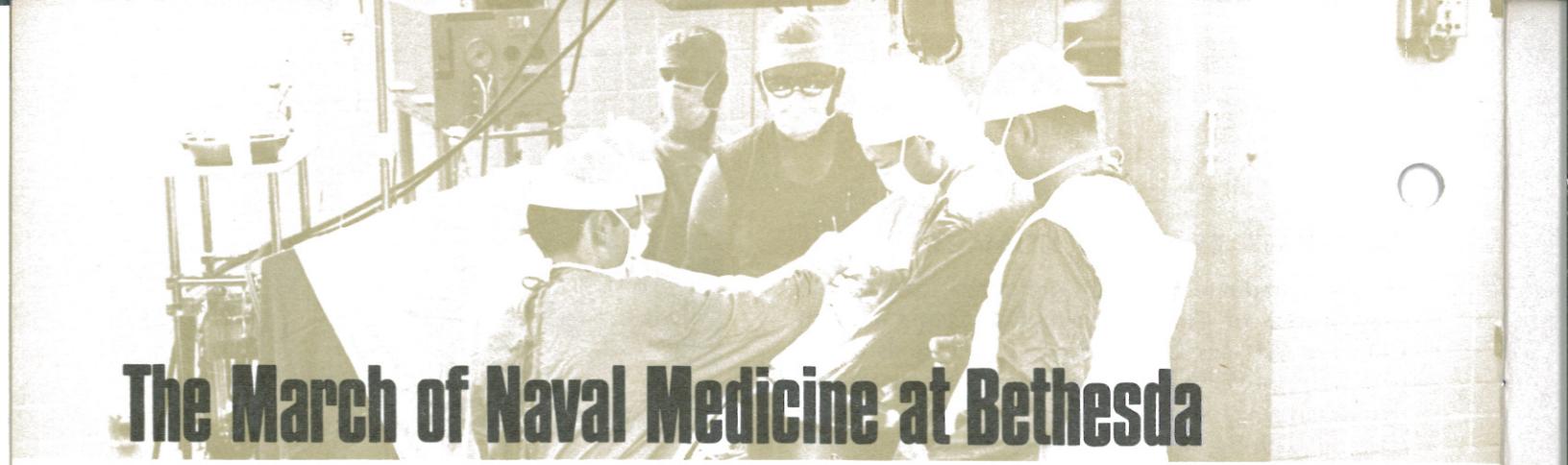
## SENIOR INTERN

At the beginning of the intern training year, one intern is designated by the Director of Clinical Services to be the Senior Intern. He calls a meeting at least once a month for the intern group to consider problems or questions which may arise within the group. The Senior Intern will also represent the group in presenting matters for consideration to the Intern Advisor and Director of Clinical Services and the Graduate Training Committee.

## RESPONSIBILITIES OF INTERNS

Interns on duty on wards remain in the vicinity of the ward to which assigned and keep the Chief of Service and/or Officer of the Day informed of any significant events concerning patients or ward personnel. They promptly examine all new patients admitted to their Service during the duty period and make evening sick call with the resident medical officer on the ward to which they are assigned unless prevented by urgent patient care in other areas. Interns are also considered to be assistants to the Officer of the Day and perform such duties as may be assigned by him. Each intern should keep his own Internship Log which contains a description of each procedure performed by him during the internship year. The logs are reviewed periodically by the Intern Advisor and staff to ascertain the scope and depth of the individual intern's training program and his comprehension thereof. The interns participate in all departmental and interdepartmental conferences, Tumor Boards, Journal Club meetings and various other teaching functions of the hospital. They are also afforded the opportunity of attending basic science and anatomy lectures conducted for residents, and attend monthly classes in overall military medicine.





# The March of Naval Medicine at Bethesda

- Commissioned 5 February 1942.
- Dedicated 31 August 1942 by President Franklin Delano Roosevelt.
- Reached maximum patient load of 2464 patients, World War II, September 1945.
- The world's first Tissue Bank was founded on 1 September 1949 for the collection, sterilization and preservation of human tissue by the freeze-dried technique. These tissues include arterial homografts, bone, dura, skin, etc. Today, this Tissue Bank continues to be one of the world's best sources of such tissues.
- In 1952 the first freeze-dried aortic homograft to surgically replace a portion of the abdominal aorta in a human patient was successfully carried out at this hospital.
- Received full accreditation by Joint Commission on Accreditation of Hospitals, 1955.
- Nuclear Medicine in the Navy came of age by the installation of the first nuclear reactor and cobalt unit for any Naval Hospital. It was dedicated on 15 November 1957, and used for therapy of patients and teaching of military personnel in the new medical use of radioactive materials. The reactor was used in training of crews and experiments leading to the use of nuclear power in submarines and showed that such submarines were safe for human habitation over long periods of time.
- The Clinical Hematology Section, in conjunction with the Nuclear Medicine Section and Tissue Bank, began intensive studies of improved therapy for radiation injury by the use of blood and blood products, and antibiotics and bone marrow infusions.
- In 1959 intracardiac (open heart) surgery was pioneered and has now become common in most large treatment centers.
- The Gastroenterology Section instituted the Crosby Capsule method of biopsy of the small intestine via the mouth. The Urology Service was aided in kidney disease diagnosis by the renal punch biopsy.
- In 1961, temporary World War II buildings were removed and two new additions added: one added four wards for care of dependents and other female patients, and a greatly expanded outpatient department; as well as a new Surgical Suite and Recovery Room. The other building permitted all of the Neuropsychiatric Services to be brought together in one area as well as providing space for certain other clinics, and personnel offices. Outpatient medicine at Bethesda took a big jump, from 8,000 visits per month in 1963 to over 40,000 visits per month in 1969.
- In 1961, automatic data processing for recording of medical statistics was introduced for storing large batches of data for quick reference. This lends itself well to the collation and study of certain medical data and evaluation of repetitive medical information or biomedical statistics. Automatic data processing and selected methods and procedures for recording, storing and use of automatic data processing are continually being studied.
- Monitoring of patients in cardiac and intensive care units and other specialty areas, is receiving constant evaluation, all adapted to provide constant attention for several patients requiring very close care by a nurse located in one area.

## When to Submit Applications

Applications for commissions in the Navy Medical Corps for intern training are accepted between 1 September and 1 December of each year. That portion of the application pertaining to internship is supplied for submission during the period 1 October to 1 December, in accordance with the provisions of the National Intern Matching Program. In order to permit processing in sufficient time to meet all deadline dates, it is suggested that all applications be submitted as early as possible.

# NAVY RECRUITING STATIONS

	ADDRESS	TELEPHONE		ADDRESS	TELEPHONE
ALABAMA Montgomery	Bldg. 810, Guner AFB	205 279-6275		NEBRASKA Omaha	Naval Personnel Center 30th & Fort Sts. Bldg. 19 68111
LASKA Naval Recruiting Office 111 W. 4th St. El Dorado Bldg. Anchorage, Alaska 99501				NEW MEXICO Albuquerque	U.S. Courthouse Bldg., P.O. Box 632 87103
ARKANSAS Little Rock	Old Post Office Bldg., 2nd & Center Sts., 72201	501 372-4361 Ext 5447		NEW YORK Albany	Post Office Bldg., Broadway 12201
CALIFORNIA Los Angeles	1041 S. Broadway 90015	213 688-2750/1/2		Buffalo	Federal Bldg., 1021 Main St. 14203
	San Francisco	Federal Office Bldg., Fulton & Leavenworth Sts., 94102	415 765-5626	New York	207 W. 24th St. 10011
COLORADO Denver	New Custom House 19th & California Sts., 80202	303 297-4416		NORTH CAROLINA Raleigh	Fayetteville & Martin Streets 27602
DISTRICT OF COLUMBIA	1101 Pa. Ave., N.W. 20004			OHIO Cleveland	Federal Office Bldg., 1240 E. Ninth St., 44199
FLORIDA Jacksonville	400 W. Bay St. 32202	904 791-3671		Columbus	Central Bldg., 74 E. Gay St. 43215
HAWAII P.O. Bldg. Hilo, Hawaii 96720				OKLAHOMA Oklahoma City	621 N. Robinson 73102
GEORGIA Macon	451 College St. 31208	912 743-0381		OREGON Portland	Pioneer Post Office 520 S. W. Morrison St., 97204
ILLINOIS Chicago	536 S. Clark St. 60605	312 353-6606		PENNSYLVANIA Philadelphia	Blackburn Bldg. 13 South 13th St. 19107
INDIANA Indianapolis	11 S. Senate Ave., 46204	317 633-8893/4/5		Pittsburgh	Federal Bldg., 1000 Liberty Ave., 15222
IOWA Des Moines	Federal Office Bldg., 2nd & Walnut St. Rm. 693 50309	515 284-4321		SOUTH CAROLINA Columbia	Court House 1100 Laurel St., 29201
KENTUCKY Louisville	Post Office Bldg., 6th & Broadway 40202	502 582-5175		TENNESSEE Nashville	1808 West End Bldg., 1808 West End Ave., 37203
LOUISIANA New Orleans	U.S. Customs House 423 Canal Street 70130	504 527-6212		TEXAS Dallas	912 Commerce St. 75202
MASSACHUSETTS Boston	J. F. Kennedy Fed. Bldg., Government Center 02203	617 223-6216		Houston	2320 La Branch St., 77004
MICHIGAN Detroit	Lafayette Bldg., 144 W. Lafayette Blvd., 48226	313 226-7789		VIRGINIA Richmond	Aneium Bldg. 1001 E. Main St. 23219
MINNESOTA Minneapolis	Federal Office Bldg., 2nd & Washington Aves., S. 55401	612 725-2168		WASHINGTON Seattle	2222 2nd Ave., 98121
MISSOURI Kansas City	2420 Broadway 64108	816 FR 4-3531		WISCONSIN Milwaukee	611 N. Broadway 53202
	St. Louis	Federal Bldg., 208 N. Broadway 63102	314 AM 8-2506		414 272-8600 Ext 3259



Bethesda means "House of Mercy." The legend was that at a certain season, an angel came down and troubled the waters of the pool. The first person who entered the spring after the troubling of the water would be at once restored to complete health. In the porches about the ancient pool lay the lepers, the lame, the halt and the blind. Each one hoped he might be the lucky first one to enter the pool after the angel came.



ANNEX VII

Clinical Research Projects

VII. STUDIES - APPROVED FOR CONTINUATION IN FY 73

CICC 2-06-301	"Isotopic Assay of Folic Acid in Serum"	LT KAGAN
CICC 2-06-302	"Prediction of the Results of Cardiac Surgery by Use of Acceptance Scale"	CAPT VINCER
CICC 2-06-303	"Clinical Evaluation of the Inapparent Hiatus Hernia in Active Duty Naval Personnel"	CAPT LUKASH
CICC 2-06-304	"Use of 1, 3 - bis (2-chloro-ethyl)-1 Nitrosourea (BCNU) in Military and Other Eligible Personnel with Malignant Disease"	CDR MOQUIN
CICC 2-06-305	"The Clinical Efficacy of Combined 'Non-Surgical' Biopsy Procedures in Diagnosis of Intrathoracic Lesions"	CDR ELLIOTT
ICCC 2-06-306	"Hyperalimentation as a Means of Establishing Improved Preoperative Nutritional Status in Selected Patients"	LDCR OLLER
CICC 2-06-307	"The Effect of Chest Physiotherapy on Pulmonary Gas Exchange in Patients with Chronic Obstructive Pulmonary Disease"	CDR SHEA
CICC 2-06-309	"Changes in Liver Function Associated with Varicella"	LDCR GOLDSCHMIDT
CICC 2-06-310	"The Study of Selective IGA Deficient Patient"	CDR DOLAN
CICC 2-06-311	"Definitive Identification of Circulating Lymphocytes"	LDCR PENN
CICC 2-06-312	"Investigations of Immunologic Factors in Hepatitis and Other Liver Diseases"	LDCR SMITH
CICC 2-06-313	"Assessment of Serum Digoxin Levels by Radioimmunoassay in Various Clinical Settings Including Atrial Fibrillation, Atrial Flutter, A-V Block, and Digitalis Toxicity"	LDCR VIEWEG

CICC 2-06-314	"Clinical Investigation of the Use of Freeze-Dried Auricular Cartilage Allografts in External Ear Reconstruction"	CAPT LATHAM
CICC 2-06-315	"Longitudinal Study of Selected Patients with Coronary Artery Disease and Evaluation of Myocardial Revascularization Surgery"	CAPT LEE
CICC 2-06-316	"Myocardial Revascularization for Ischemic Heart Disease"	CAPT MILLS
CICC 2-06-317	"The Clinical Investigation of the Use of Preserved Composite Tendon Allografts in Hand Surgery"	CAPT LATHAM
CICC 2-06-318	"Protocol for the Human Study on Methoxyflurane"	LCDR BROWN
CICC 2-06-319	"Stimulation of Fracture Healing"	LCDR GORDON
CICC 2-06-320	"Suprapubic Bladder Decompression for Urinary Retention in the Immediate Postoperative Patient Using a Twelve-Gauge Intercath"	CAPT FOUTY
CICC 2-06-321	"Effect of Anesthetic Agents on Atrioventricular Conduction in the Intact Dog Heart"	LCDR ATLEE
CICC 2-06-322	"Mechanism(s) of Thiazide Induced Hypercalcemia"	CAPT SODE
CICC 2-06-323	"Calibration of Room Two Whole Body Counter to Determine Total Body Potassium Levels in Human Subjects"	LCDR BECKNER
CICC 2-06-324	"Metabolic Changes During Exercises in Patients with known Ischemic Heart Disease."	LCDR VIEWIG
CICC 2-06-325	"Dynamics of Dietary Calcium Retention in Metabolic Bone Disease and Disturbed Gastrointestinal Function"	CAPT SODE

CICC 2-06-326	"Correlation of Neonatal EEG with Gestational Age and Disease States"	CDR BAILEY
CICC 2-06-330A	"Evaluation of Audio Visual Aids in Well Baby Care"	LT STRIFE
CICC 2-06-333	"Transventricular Hypophysectomy"	CDR EARLY
CICC 2-06-336A	"A Prospective Cooperative Study into the Etiology of Reye's Syndrome and the Effectiveness of Current Modes of Therapy"	LCDR GOLDSCHMIDT
CICC 2-06-345A	"Screening of Patients Medical History by Automation."	LCDR NELSON
CICC 3-06-134	"Cycloplegic Agents - a Rational Approach to Their Use"	LCDR REESER
CICC 3-06-126	A Serological and Clinical Survey of Pregnant Women for Toxoplasmosis"	LT MARTIN
CICC 3-06-127	"Clinical Evaluation of Gastric Acid Output in Response to Coffee"	CAPT LUKASH
CICC 3-06-347	"Serum Hexosaminidase B Levels in Patients with Excess Weight Gain in Pregnancy"	CDR CEFALO
CICC 3-06-128	"In-Vitro Bone Marrow Organ Culture"	LCDR GRANATIR
RDT&E		
MR041.20.01 - 0140A2AF	"Methods for Evaluating and Treating Psychiatric Disorders"	B. C. BECKER, PHD
MR041.20.01- 0139A2GX	"Stress Biochemistry in the Naval Environment: Steroid Hormone Pattern and Adrenal Glands"	CDR DOLAN
MR041.20.01 - 0281A2HX	"Combat Casualties: Diagnosis, Evaluation and Treatment of Injuries"	LCDR HECK

MR041.20.01 - 0349A2HX

"Diagnostic Histologic Criteria in Inflammatory Bowel Disease in Military Personnel"

CAPT LUKASH

M4305.05 - 3039AGC2

"Tests and Evaluation of Membrane Oxygenator Support for Pulmonary Failure in Combat Injuries"

CAPT McHALE

M4305.05 - 3027AGC2

"Development, Testing and Evaluation of a Portable Automated Respirator for Treatment of Combat Casualties"

CAPT MILLS

MR041.20.01 - 0173A2GX

"Diseases of Military Importance: Use of DNA as a Diagnostic Index"

CDR MOQUIN

MR041.20.01 - 0357A2

"Heparin Therapy in Military Personnel: Intermittent Intravenous vs. Continuous Infusion"

CDR MOQUIN

MR041.20.01 - 0332A2GX

"Treatment of Acute Head Trauma: Reversal of Intracranial Vasospasm by Intracarotid Xylocaine"

CDR RISH

MR041.20.01 - 0213A2HX

"Effect on Combat Trauma on Body Serum Calcium Available for Bone Fracture Healing"

CAPT SODE

M4305.05 - 3037AGC2

"Determination of Sensitivity to Skeletal Muscal Relaxant in Nerve Injuries"

CDR TOBEY

MR041.20.0. - 0377A2GE

"Renal Function During Acute Respiratory Failure in Military Personnel"

LCDR ZIMMERMAN

IN HOUSE RESEARCH PROJECTS

NH - 01

"Peripheral Blood Values in Infants with Low Birth Rate"

CDR GAUDRY

NH - 02 "Cardiac Surgery Statistical Survey" CAPT MCHALE

NH - 03 A study of the outcome of subsequent pregnancies in women who have used an oral contraceptive. CDR BAILEY

NH - 04 Self Experienced Exposure in the Treatment of the Post Suicide Attempt Patient. LCDR DAVIDSON

NH - 05 Stenosis Tenosynovitis, Polmar Fascitis, and Carpal Turnel Syndrome as a New Symptom Complex. LCDR PACKER

NH - 06 "Comparison of Two Operative Procedures for Bunion Deformity" LCDR BROWN

NH - 07 "Ampicilin Related Diarhea Study" LT JOHNSON



ANESTHESIOLOGY RESIDENCY  
TRAINING PROGRAM

DURATION OF TRAINING

This program offers either a two- or a three-year period of residency training designed to meet the requirements of, and approved by, the American Board of Anesthesiology and the Council on Medical Education of the American Medical Association. Candidates for this training must have completed a minimum of one year in an approved internship.

SCOPE OF TRAINING

During the two-year residency, the resident is trained in all accepted techniques of anesthesia and with all agents in clinical use in the United States. There is a planned progression for residents from simple to complicated techniques and from the care of healthy to poor-risk patients. All patients are anesthetized with the advice and supervision of a staff anesthesiologist.

A wide variety of clinical material is available, including both open and closed cardiac operations, and major vascular, pulmonary and neurosurgical procedures, in addition to the more routine procedures. Patients vary from newborn to old age in both sexes with about one-third being in the pediatric group. Residents are currently administering between 500 and 600 anesthetics yearly. Electronic monitoring of physiologic parameters is used frequently. Conduction anesthesia (spinal and peridural) is used in approximately thirty percent of the procedures, and experience in regional nerve block techniques is available. Each resident also receives personal experience in hypothermia and other specialized techniques, and practical training in recovery room management and techniques is provided.

Each resident is assigned specific library hours, as the surgery schedule permits, for preparation of topics to discuss at weekly seminars. A resident may also plan and complete a study on some particular phase of anesthesiology during his training.

To provide more intensive training and experience in obstetrical anesthesia, one month's affiliation is provided each resident at the Yale-New Haven Medical Center, New Haven, Connecticut, during the second half of his first year. Two months' affiliation at George Washington University School of Medicine, Washington, D.C., is provided each resident at the second-year level for training and experience in intensive care. Pertinent short courses at other institutions are also afforded the resident (as approved by the Bureau of Medicine and Surgery).

The program for the third-year is variable and is determined largely by the resident's own interests within the areas of research, subspecialty training (such as anesthesia for pediatric or cardio-thoracic surgery) or allied extraspecialty training (such as cardiology or pulmonary physiology).

Research facilities are available for the interested resident. This includes cardiac catheterization laboratory, pulmonary function laboratory, and extensive facilities at the Naval Medical Research Institute.

#### CONFERENCES AND LECTURES

Weekly consultant lecture; weekly Resident-Staff Seminar; weekly Cardiac Catheterization Preoperative Conference; daily patient evaluation conference; monthly Combined Anesthesiology-Surgery Mortality-Morbidity Conference.

Each senior resident attends the annual meeting of the American Society of Anesthesiologists. All residents attend, and are encouraged to prepare papers to present at, the Annual Southeastern Residents' Conference held each spring in Charlottesville, Virginia. All residents and staff are encouraged to attend other regional meetings.

#### STAFF

CAPT R.J. VAN HOUTEN, MC USN; Diplomate, American Board of Anesthesiology; Fellow, American College of Anesthesiologists.

LCDR J.P. SWOPE, MC USN; Diplomate, American Board of Anesthesiology; Fellow, American College of Anesthesiologists; MS, Biomedical Engineering.

LCDR M.H. ROSENTHAL, MC USN; board eligible.

LCDR B.G. McALARY, MC USN; board eligible.

LCDR A.A. CRISERA, MC USNR; board eligible.

LCDR R.E. BUCKINGHAM, MC USNR; board eligible.

LCDR F.E. MACK, MC USNR; board eligible.

LCDR J.L. ATLEE, III, MC USNR; board eligible; Fellow, American College of Anesthesiologists; MS, Pharmacology.

#### CONSULTANTS

William E. Bageant, M.D.; Washington Hospital Center, Washington, D.C.

C. Paul Boyan, M.D.; Professor of Anesthesiology, Commonwealth University Medical College of Virginia, Richmond, Virginia.

Burton Epstein, M.D.; Associate Professor of Anesthesiology, George Washington University School of Medicine, Washington, D.C.

Martin Helrich, M.D.; Professor of Anesthesiology, University of Maryland College of Medicine, Baltimore, Maryland.

Thomas E. Macnamara, M.D.; Professor of Anesthesiology, Georgetown University School of Medicine, Washington, D.C.

CARDIOVASCULAR DISEASE FELLOWSHIP  
TRAINING PROGRAM

DURATION OF TRAINING

The Cardiovascular Disease Fellowship Training Program is a two-year program designed to qualify the medical officer for examination (and subsequent certification) by a subspecialty Board of Cardiovascular Disease. Candidates for this training who have completed a three-year program in internal medicine will be given preference.

SCOPE OF TRAINING

During this fellowship training, emphasis is placed on all aspects of adult and pediatric cardiology, cardiopulmonary laboratory diagnostic procedures and methodology, the selection of patients for cardiovascular surgery of all types, and the pre- and post-operative care of the surgical cardiac patient. During the fellow's rotation through the Cardiac Catheterization Laboratory, he can expect to perform more than 100 cardiac catheterizations, selective coronary angiograms, and other similar diagnostic procedures. In addition, he will become familiar with all aspects of instrumentation in the Cardiopulmonary Laboratory and assist in numerous procedures there. In general, he will be supervised by the Officer-in-Charge of the Cardiac Catheterization Laboratory or other staff cardiologists. Currently, two or three open heart surgical procedures are performed each week, and the fellow is responsible for assisting the surgical team with pre- and post-operative management and for monitoring the patient during the surgical procedure.

There is a large number of routine Cardiology Clinic outpatient visits involving patients of all ages. One-half day each week

Cardiovascular Disease Fellowship Training Program (Continued)

is spent in the Pediatric Cardiology Clinic and an average of two half days each week are spent in the Adult Cardiology Clinic. The fellow is also required to see inpatient consultations involving all varieties of cardiovascular disease. Special emphasis is placed on physical diagnosis and careful evaluation of the patient. The fellow has an opportunity to become familiar with, and to excel in the interpretation of, routine electrocardiograms and electrocardiographic exercise stress tests. He also has an opportunity to utilize and become familiar with the performance and interpretation of phonocardiography, Holter monitoring techniques, phono-cardiography, and other noninvasive diagnostic techniques.

Daily ward rounds are made on all pre- and postoperative patients, those scheduled for cardiac catheterization, and patients followed on a consultant basis. The fellow has no other direct ward responsibility except through requests for other informal or formal consultation concerning the diagnosis and care of special cardiologic problems throughout the hospital.

The fellow is expected to actively participate in the supervision and training of students in the Cardiopulmonary Technicians School and to actively participate in the hospital's Cardiac Resuscitation Program. One of his rotations will include that of a supervisory role in the Coronary Care Unit. Four-week rotations are also arranged, on an individual basis, in the Pulmonary Diseases laboratory and on the Cardio-Thoracic Surgical Service.

The fellow is also expected to help in the preparation of formal programs presented to the local medical community, and to assist in programs and lectures involving the hospital staff. In addition, he is expected to contribute directly to the teaching of nurses in the Coronary Care Unit as well as to the training of interns, internal medicine residents, pediatric residents, and junior cardiology fellows.

A suitable period of time is allotted during the training period for each fellow to accomplish some clinical research and he is strongly encouraged to contribute his clinical or investigative research results to the medical literature.

Cardiovascular Disease Fellowship Training Program (Continued)

AFFILIATIONS

During the first year of the fellowship the fellow spends two weeks at the Armed Forces Institute of Pathology studying gross cardiovascular pathology.

In the latter half of the second year of the fellowship, he spends three months in additional training in pediatric cardiology at Children's Hospital, Washington, D.C., under the supervision of Doctor Lewis P. Scott, III.

Both these affiliations may be considered optional and are available at no cost to the government.

By BUMED funding each fellow attends annually one national cardiology meeting or one approved formal short course directed at a specific area in the field of cardiology.

CONFERENCES AND LECTURES

Cardiovascular Disease fellows participate in the following conferences/lectures: Daily morning conference (review of cardiology problems with cardiology staff); weekly Medical-Pediatric-Cardiology Clinic; weekly Medical Cardiology Conference; weekly Staff Cardiology Rounds; weekly Pulmonary Disease Conference (with consultant); weekly Medical-Surgical Catheterization Conference; weekly Medical Grand Rounds. A large number of varied conferences are also available in the surrounding medical community including the National Heart Institute, Georgetown University Hospital, and D.C. Children's Hospital and Walter Reed Army Hospital.

STAFF

CAPT L. M. FOX, MC, USN: Chief, Medical Service; Diplomate, American Board of Internal Medicine and Subspecialty Board of Cardiovascular Disease; Fellow, American College of Physicians.

CAPT D. A. LEE, MC, USN: Head, Cardiology Branch, Medical Service; Diplomate, American Board of Internal Medicine and Board eligible, Subspecialty Board of Cardiovascular Disease.

Cardiovascular Disease Fellowship Training Program (Continued)

CAPT W. P. BAKER, MC, USN: Cardiology Branch, Medical Service; Diplomate, American Board of Internal Medicine and Subspecialty Board of Cardiovascular Disease.

CDR A. C. PRICE, MC, USN: Pediatric Cardiologist; Diplomate, American Board of Pediatrics and Board eligible, Subspecialty Board of Pediatric Cardiology; Fellow, American Academy of Pediatrics.

CDR R. C. ELLIOTT, MC, USN: Head, Chest Disease Branch, Medical Service; Board eligible, American Board of Internal Medicine.

CONSULTANTS-LECTURERS

Andrew G. MORROW, M.D., Cardiac Surgery - Certified, American Board of Surgery; Certified, American Board of Thoracic Surgery; Chief, Clinical Surgery, National Heart and Lung Institute.

W. Proctor HARVEY, M.D., FACP, Cardiology-Diplomate, American Board of Internal Medicine and Subspecialty Board of Cardiovascular Disease; Professor of Medicine and Director of Cardiology Division, Georgetown University School of Medicine.

Charles A. HUFNAGEL, M.D., FACS, Cardiac Surgery - Fellow, Society of Vascular Surgery; Professor of Surgery and Director, Experimental Surgical Research Laboratory, Georgetown University School of Medicine; Chief of Thoracic Surgery, Providence Hospital, Washington, D.C.

RADM R. J. PEARSON, MC, USN, FACP, Cardiology - Diplomate, American Board of Internal Medicine and Subspecialty Board of Cardiovascular Disease; The Attending Physician to the Congress of the United States.

RADM G. H. REIFENSTEIN, MC, USNR-R, FACP, Cardiology-Diplomate, American Board of Pathology; Diplomate, American Board of Internal Medicine and Subspecialty Board of Cardiovascular Disease; Technical Director of Clinical Research and Post-graduate Medical Education of the Navy Medical Department.

Richard S. ROSS, M.D., Cardiology - Diplomate, American Board of Internal Medicine; Professor of Medicine; Associate Professor of Radiology; Director, Cardiovascular Disease, Department of Medicine, Johns Hopkins University School of Medicine.

Cardiovascular Disease Fellowship Training Program (Continued)

Lewis P. SCOTT, M.D., Pediatric Cardiology - Diplomate,  
American Board of Pediatrics and Subspecialty Board of  
Pediatric Cardiology, Pediatric Cardiologist, Children's  
Hospital, Washington, D.C.

CDR G. L. SHUGOLL, MC, USNR-R, FACP, Cardiology - Diplo-  
mate, American Board of Internal Medicine and Subspecialty  
Board of Cardiovascular Disease; Associate Professor of  
Medicine, Howard University College of Medicine; Chief of  
Cardiology, Veterans Administration Hospital, Washington, D.C.

Bernard J. WALSH, M.D., FACP, Cardiology - Diplomate,  
American Board of Internal Medicine and Subspecialty Board  
of Cardiovascular Disease; Associate Professor of Medicine,  
Georgetown University School of Medicine.

FELLOWSHIP TRAINING PROGRAM IN  
CLINICAL ENDOCRINOLOGY AND METABOLISM

DESCRIPTION OF PROGRAM

The Fellowship Training Program in Clinical Endocrinology and Metabolism is a two-year program designed to qualify the medical officer for recognition in the field of clinical endocrinology and metabolism and to satisfy the requirements of the American Board of Internal Medicine for examination in the subspecialty of endocrinology. Candidates should ordinarily have completed three years of training in Internal Medicine.

SCOPE OF TRAINING

The program will provide through supervised experience and responsibility as well as didactic and seminar instruction a broad background in clinical endocrinology and metabolism. Emphasis will be placed on specialized procedures, their interpretation and their immediate application to clinical problems. During the first year the fellow will acquire the clinical knowledge and the basic laboratory skills which are necessary for the effective practice and clinical teaching of endocrinology as a subspecialty of internal medicine. During the second year he will continue to improve his skills as a consultant and will be offered the opportunity for study in depth and for clinical research in an area of his choice under the direction of an experienced advisor. Within this scope the training program will remain flexible and will be adjusted to meet the educational background and the desires of the trainee.

CLINICAL MATERIAL AVAILABLE

The monthly outpatient census of the Endocrinology Branch is 200-250 in the adult and pediatric endocrine clinics and 100-150 in the diabetic clinic. The daily inpatient census is 10-20.

Fellowship Training Program in Clinical Endocrinology and Metabolism

The branch receives consultations in clinical endocrinology and metabolism, including lipoprotein disorders and metabolic derangements of systemic illness and trauma. Outstanding clinical material is also available to the fellow at the Georgetown University Hospital and the National Institutes of Health. This combined clinical material spans all areas of clinical endocrinology and metabolism and provides unusual opportunities for in-depth study of disease groups.

FACILITIES

The Endocrinology Branch, Medical Service, Naval Hospital, has two full-time staff endocrinologists, one research physiologist, and two laboratory technicians. The branch shares its laboratories with the Special Chemistry Branch of the Pathology Department. These laboratories are well equipped and provide full capabilities for endocrine diagnosis and for clinical research in most areas of clinical endocrinology and metabolism. The whole body counter of the Naval Hospital is available to the branch for body composition work, absorption, and turnover studies. Facilities for liquid scintillation counting are available at the Naval Medical Research Institute. A well-equipped genetics laboratory is in the immediate vicinity of the endocrinology laboratory. During the past three years the endocrinology branch has been actively affiliated with the Georgetown University Medical Center and the National Institutes of Health and has participated in the training programs of these institutions.

GEOGETOWN UNIVERSITY SCHOOL OF MEDICINE

Doctor John J. Canary, Professor of Medicine and Chief of Endocrinology and Metabolism at Georgetown University Hospital has enthusiastically agreed to participate in this program.

NATIONAL INSTITUTES OF HEALTH

Doctor Jacob Robbins, Chief of the Clinical Endocrinology Branch, National Institute of Arthritis and Metabolic Diseases, and Doctor Mortimer B. Lipsett, Director of Intramural Research, National Institute of Child Health and Human Development have both agreed to actively support the program.

## Fellowship Training Program in Clinical Endocrinology and Metabolism

### PROGRAM OUTLINE

This outline is intended for medical officers without previous concentrated experience in the field of endocrinology and metabolism. This outline is flexible and will be adjusted to meet the educational background and the desires of the trainee within the overall scope of the training goals.

### FIRST YEAR LEVEL

1. Introductory period (Naval Hospital, three months): During the first three months the fellow will work under the direct supervision of a staff endocrinologist and will begin his experience in clinical endocrinology. During this period he will also receive didactic instruction in endocrine physiology and practical instruction in the performance and interpretation of commonly used endocrine-metabolic laboratory techniques.
2. Radioisotope Course (Naval Medical School, two months): Radioisotope techniques are widely used for assay of steroid and peptide hormones and have become an integral part of the endocrinologists' armamentarium. This course, sponsored by the Naval Medical School, is designed to instruct the physician in basic physics, radiological safety, and radio-isotope techniques. In addition it provides a comprehensive review of thyroid physiology and offers practical experience in the diagnosis and management of thyroid disorders.
3. Thyroid Clinic (Naval Hospital, two months): Following completion of the radioisotope course the fellow will work under direct supervision of the Officer in Charge of the Thyroid Section of the Radioisotope Laboratory, will actively participate in the Thyroid Clinic, and will perform and evaluate indicated diagnostic and therapeutic procedures. During this period the fellow will also actively participate in the care of endocrinology patients at the Naval Hospital and will gain further experience in endocrine-metabolic laboratory techniques including radioimmunoassay and displacement analysis.
4. Clinical Endocrinology (Georgetown University Hospital, five months): During this period the fellow will actively participate in the activities of the Division of Endocrinology and Metabolism under the supervision of Doctor John J. Canary. He will have the opportunity to supervise the diagnostic and research protocols of patients on the Clinical Study Unit.

## Fellowship Training Program in Clinical Endocrinology and Metabolism

During this period the fellow will maintain liaison with the Naval Hospital by conducting a limited number of inpatient consultations and by participating in the teaching activities of the Endocrinology Branch, Naval Hospital.

\*\*Fellows who have already completed the radioisotope course or who have had equivalent training may extend their rotation at Georgetown University Hospital or may continue their training at the Naval Hospital during the period allocated for completion of the course.

### DIDACTIC INSTRUCTION

The fellow will participate in the teaching seminars and conferences of the institution to which he is assigned and will attend the following formal courses during his first year of fellowship: (1) "Postgraduate Assembly of the Endocrine Society" (This intensive full-time five-day course is given yearly and reflects the state of the art in the fields of endocrinology and metabolism), and (2) "Advanced Topics in Endocrinology", sponsored by the Foundation for Advanced Education in the Sciences, Inc., and given for credit during one semester of each academic year at the National Institutes of Health.

### SECOND YEAR LEVEL

1. Clinical and Investigative Endocrinology (National Institutes of Health, six months): During this period the fellow will actively participate in the activities of the Endocrinology Branches of the National Institute of Arthritis and Metabolic Diseases (Dr. Robbins) or the National Institute of Child Health and Human Development (Dr. Lipsett). He will be given the opportunity to learn specialized techniques in a field of his choice and to apply these techniques to the in-depth study of patients.

2. Clinical Endocrinology and Teaching (Naval Hospital, six months): The remainder of the fellowship will be spent in application of the knowledge gained during the previous months of training. During this period the fellow will be expected to function as a consultant and teacher as well as to participate in the clinical research activities of the Endocrinology Branch.

Fellowship Training Program in Clinical Endocrinology and Metabolism

DIDACTIC INSTRUCTION

During the second year of training the fellow will be expected to attend the annual meeting of the Endocrine Society and the American Diabetes Association (which are held consecutively in the same city) and one intensive postgraduate course of his choice in the fields of endocrinology, metabolism, or biochemistry.

PARTICIPANTS IN THE PROGRAM

CAPT L. M. FOX, MC, USN

Chief, Medical Service,  
Naval Hospital

CAPT J. SODE, MC, USN

Head, Endocrinology-Metabolism  
Branch, Naval Hospital and  
Associate Clinical Professor  
of Medicine, Georgetown Univer-  
sity School of Medicine (in  
charge of training program  
under the direction of the  
Chief, Medical Service)

LCDR S. M. FIDLER, MC, USNR

Staff, Endocrinology Branch,  
Medical Service, Naval Hospital

LCDR L. L. HECK, MC, USNR

Officer-in-Charge, Radioisotope  
Laboratory, Radiology Service,  
Naval Hospital

CAPT M. J. VALASKE, MC, USN

Chief, Department of Pathology,  
Naval Hospital

CDR M. F. DOLAN, MC, USN

Staff, Pathology Service,  
Naval Hospital

CAPT E. M. NEPTUNE, JR., MC, USN

Deputy Director of Environ-  
mental Biosciences and Director,  
Laboratory of Lipid Research,  
Naval Medical Research Institute

JOHN J. CANARY, M.D.

Professor of Medicine, Chief,  
Division of Endocrinology and  
Metabolism, Georgetown University  
School of Medicine

Fellowship Training Program in Clinical Endocrinology and Metabolism

PARTICIPANTS IN THE PROGRAM (Continued)

MICHAEL F. BALL, M.D.

Assistant Professor of Medicine  
Georgetown University School of  
Medicine

JACOB ROBBINS, M.D.

Chief, Clinical Endocrinology  
Branch, National Institute of  
Arthritis and Metabolic Diseases

MORTIMER B. LIPSETT, M.D.

Director, Intramural Research  
National Institute of Child  
Health and Human Development

JESSIE ROTH, M.D.

Section on Diabetes and Inter-  
mediary Metabolism, Clinical  
Endocrinology Branch, National  
Institute of Arthritis and Meta-  
bolic Diseases

SAUL W. ROSEN, M.D., Ph.D.

Senior Investigator, Clinical  
Endocrinology Branch, National  
Institute of Arthritis and  
Metabolic Diseases

HOWARD E. KULIN, M.D.

Senior Investigator, National  
Institute for Child Health and  
Human Development (Pediatric  
Endocrinology)

Fellowship Training Program in Clinical Endocrinology and Metabolism

ADDENDUM I: TEACHING SCHEDULE, ENDOCRINOLOGY BRANCH

1. CLINICS

a. Adult Endocrinology

Tuesday - 0830 to 1100 and 1300 to 1530  
Wednesday - 0830 to 1100

b. Pediatric Endocrinology

Monday (every other week) - 1300 to 1530

c. Diabetes

Friday - 1300 to 1530

2. CLINICAL CONFERENCES

a. Naval Hospital

Consultants Conference; monthly  
Clinical Endocrinology Conference; weekly  
Seminar (subject review); weekly  
Inpatient teaching rounds; weekly

b. Georgetown University Hospital

Endocrinology Conference; Thursday - 1115 to 1230

c. National Institute of Arthritis and Metabolic Diseases

Clinical Investigations, Friday 0900 - 1000  
Endocrinology Conference, Friday 1000 - 1130

Fellowship Training Program in Clinical Endocrinology and Metabolism

ADDENDUM II: PROCEDURES CURRENTLY IN USE (ENDOCRINOLOGY LABORATORY)

1. Steroids: 17 OHCS, 17 KS, DHEA, Pregnanetriol, Desoxycortisol, Cortisol, Corticosterone
2. Catecholamines: Nor-epinephrine, Epinephrine, VMA
3. Peptide Hormones: Insulin, Growth Hormone
4. Others: Creatinine; total, ultrafiltrable, and ionized calcium; magnesium, oxalate, triglycerides, cholesterol, fatty acids, 47-calcium kinetics.
5. In development: TSH, Angiotensin I, Digoxin, cAMP.
6. Available in Radioisotope Laboratory: Thyroxine,  $T_3$ -Resin Uptake.

## GASTROENTEROLOGY FELLOWSHIP TRAINING PROGRAM

### DURATION OF TRAINING

The Gastroenterology Fellowship Training Program is a two-year program designed to qualify the medical officer for examination (and subsequent certification) by the Subspecialty Board of Gastroenterology, American Board of Internal Medicine. Candidates for this training must have completed at least a two-year program in internal medicine. This is a clinically oriented program which relates clinical research and teaching in the modern treatment of digestive diseases.

### SCOPE OF TRAINING

The fellow will be instructed and gain wide clinical experience in the use of the following gastroenterology procedures: Endoscopy including esophagoscopy, gastroscopy, proctoscopy, and sigmoidoscopy (performed routinely on all patients unless contraindicated); specialized procedures: peritoneoscopy examination, esophageal manometry, esophageal dilatation, liver biopsy, peroral gastric and intestinal biopsy, endoscopy still, and ane-photography; laboratory tests: gastric analysis, esophageal acid perfusion test, pancreatic function secretin test, stool microscopy, and esophageal, pancreatic, and gastric cytology.

The fellow and staff officers of the Gastroenterology and Research Branch, Medical Service, are expected to work in close harmony with the Radiology and Surgical Services, and may be summoned to the operating room at any time surgical procedures are being performed on patients in whom they are interested, or when unusual or interesting pathology is encountered. Gross and microscopic evaluation of excised tissue is observed in conjunction with the Pathology Division, and the fellow attends, as time permits, all autopsies on deceased gastroenterology patients.

## Gastroenterology Fellowship Training Program - Continued

The fellow is expected to assist in the teaching responsibilities of the Gastroenterology Branch, making weekly ward rounds and imparting his gained knowledge of gastroenterology to interns and internal medicine residents. At the weekly grand rounds in gastroenterology with the Chief of Gastroenterology patients are presented, and trainees, staff members and visiting consultants discuss topics of interest.

The fellow attends the Gastroenterology Clinics and assumes the management of outpatients, as assigned. He is also expected to handle assigned consultations on the wards, to arrange for diagnostic workups, and to help guide the clinical course of illnesses of a gastrointestinal nature.

The fellow is encouraged to pursue original research, and is guided by the head and staff of the Gastroenterology Department. Several papers and medical exhibits have been presented to national meetings by this clinic, and a continuing research effort is fostered.

### CONFERENCES-LECTURES

The fellow attends the following clinical conferences, lectures, etc.: Seminars in Clinical Pathology (sponsored by the Naval Medical School), weekly Gross Autopsy Review; monthly Gastroenterology Conference; monthly Medical-Surgical Staff Gastroenterology Conference; weekly gastroenterology diagnostic and therapeutic lecture; weekly gastrointestinal physiology lecture held jointly with Walter Reed Army Hospital; weekly "belly board" conference with gastroenterology case presentation to the surgical staff; monthly surgical treatment of gastrointestinal diseases lecture; radioisotope lectures; bimonthly consultant's lecture; weekly review of all gastrointestinal films and two-week training session in gastrointestinal fluoroscopy and radiologic technique; semimonthly Hepatic GI Pathology Conference at the Armed Forces Institute of Pathology, Washington, D.C.; weekly Tumor Board or Clinical Pathologic Conference; Parasitology Course (8 lectures sponsored by the Naval Medical School); Semi-monthly journal club on Liver Diseases; Monthly liver conference with Doctor Thomas Chalmers, Clinical Director at National Institutes of Health.

## Gastroenterology Fellowship Training Program - Continued

### FACILITIES AND SERVICES

The Gastroenterology and Research Branch of the Medical Service is composed of the Gastroenterology Clinic and a laboratory equipped for the application of advanced techniques and facilities for modern endoscopic and diagnostic procedures. The Clinic is in proximity to the general medicine wards which have a monthly average of approximately 50 patients with digestive diseases. In addition to the local personnel (of all ages) eligible for care in this hospital, patients are referred from other military hospitals throughout the world and parts of the United States, thus giving the fellow an infinite variety of clinical material to observe and manage. Outstanding consultative and reference sources are possible because of the proximity of the hospital to the following other national centers: National Institutes of Health, Walter Reed Army Medical Center, Armed Forces Institute of Pathology, Naval Medical Research Institute and National Library of Medicine.

### OUTSERVICE TRAINING

Tropical Medicine Course: The fellow attends this six-week course at the Gorgas Memorial Laboratory in Panama during his first year.

Clinical Nutrition: The fellow attends this six-week course in the clinical and research aspects of nutrition at the U.S. Army Medical Research and Nutrition Laboratory at Fitzsimmons General Hospital in Denver, Colorado during his second year of training.

### STAFF

CAPT W. M. LUKASH, MC, USN: Head, Gastroenterology and Research Branch, Medical Service; Diplomate, American Board of Internal Medicine and Subspecialty Board of Gastroenterology; Fellow, American College of Physicians; Fellow of American College of Gastroenterology, American Gastroenterology Association, American Society for Gastrointestinal Endoscopy.

CDR R. B. JOHNSON, MC, USN: Assistant Head, Gastroenterology Clinic and Research Branch.

LCDR GINO GIORGINI, MC, USN: Staff, Gastroenterology Clinic and Research Branch.

Gastroenterology Fellowship Training Program - Continued

CONSULTANTS-LECTURERS

Lieutenant Colonel H. W. BOYCE, MC, USA: Head, Department of Gastroenterology, Walter Reed General Hospital, Washington, D.C.

Thomas C. CHALMERS, M.D., (Liver Disease): Director of the Clinical Center, National Institutes of Health, Bethesda, Maryland.

Thomas R. HENDRIX, M.D.: Professor of Medicine, The Johns Hopkins University School of Medicine, Baltimore, Maryland.

Howard E. TICKTIN, M.D.: Associate Professor and Director of Gastroenterology, George Washington University School of Medicine, Washington, D.C.

Commander M. S. LINCICOME, MSC, USN: Head, Parasitology Branch, Microbiology Division, Naval Medical School; Head, Helminthology Department, Parasitology Division, Naval Medical Research Institute, National Naval Medical Center, Bethesda, Maryland.

James L. A. ROTH, M.D.: Professor of Medicine and Head of Institute of Gastroenterology, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania.

David B. SKINNER, M.D.: Associate Professor of Surgery, The Johns Hopkins University School of Medicine, Baltimore, Maryland.

Hyman J. ZIMMERMAN, M.D.: Professor of Medicine, George Washington University School of Medicine; Head, Gastroenterology Section, Veterans Administration Hospital, Washington, D.C.

## HEMATOLOGY FELLOWSHIP TRAINING PROGRAM

### DURATION OF TRAINING

The Hematology Fellowship Training Program is a two-year program designed to qualify the medical officer for recognition in the fields of medical hematology and oncology. Candidates for this training should have successfully completed a three-year program in internal medicine.

### SCOPE OF TRAINING

The training program places emphasis on immunology and medical oncology, and is constructed such that a basic knowledge of hematology with emphasis in these fields is gained during the first sixteen months of the training period with practical application, teaching and research projects being carried on during the remaining eight months of fellowship. An optional affiliated training opportunity exists through the auspices of the NIH graduate study Navy out-service training program for the individual fellow as indicated by his own needs and desires to supplement the standard program.

During the first three months, the fellow undergoes an orientation period in the Hematology/Chemotherapy Branch of the Medical Service where he gains clinical experience in hematology. Then follows his participation in a two-month Radioisotope Course sponsored by the Naval Medical School (Bethesda) which is designed to instruct the student in basic physics and clinical applications of radioisotopes. Following this course is a one-month rotation in the Pathology Department of the Naval Hospital where he will familiarize himself with the specifics of blood banking. He will also focus his attention on histologic diagnosis of cancer, emphasizing the study of neoplasms of the reticuloendothelial system. He also becomes conversant with laboratory methods and their inherent technical errors.

## Hematology Fellowship Training Program (Continued)

The next six months are spent in the Tissue Bank, Naval Medical Research Institute, Bethesda, Maryland, where the fellow becomes facile with the laboratory techniques of immunology, specifically as it relates to organ preservation and transplantation. Such techniques include fluorescent antibody study, tissue typing, and mechanisms of suppression. This training period includes not only the formal didactic approach, but also actual laboratory experience. The overall emphasis is on the techniques utilized for eventual selection and care of a patient considered for organ transplantation.

A two-month rotation in the National Cancer Institute (Clinical Trials Section and Leukemia Service), National Institutes of Health, Bethesda, follows where the fellow is introduced, in a didactic manner and by clinical exposure, to medical oncology. This rotation includes familiarization with the use of chemotherapeutic agents and general supportive measures. It entails lectures by the Institute's staff as well as participation on rounds and inpatient care at the Clinical Center of the National Institutes of Health. Emphasis is placed on the management of patients with acute leukemia and other hematopoietic neoplasms.

Following his rotation at National Cancer Institute on leukemia service, the fellow will be allowed to elect a two-month rotation at either Georgetown University Medical Center in general hematology or to continue at National Cancer Institute on solid tumor service depending upon his interest.

The remainder of the fellowship (eight months) is spent in the application of knowledge, skills, and techniques gained during the first sixteen months of the fellowship. This period, spent in the Hematology/Chemotherapy Branch, Medical Service, Naval Hospital, Bethesda, enables the fellow to advance in clinical experience, and to engage in teaching and research. The fellow is responsible for:

- a. Overall management of patients related to the Hematology/Chemotherapy Branch;
- b. Assisting in the management of patients considered for immunosuppression therapy or with other problems related to organ transplantation;
- c. Immediate participation in the teaching of interns and residents assigned to the Medical Service;

Hematology Fellowship Training Program (Continued)

- d. Instituting appropriate research projects;
- e. Preparing papers of clinical and research interest;
- f. Maintaining liaison with the institutions in which he had affiliations during the preceding months of training.

PROGRAM OUTLINE

FIRST      YEAR

JUL	AUG	SEP	OCT	NOV	DEC
NNMC <u>NAVAL HOSPITAL</u>			NNMC <u>NAVAL MEDICAL</u> <u>SCHOOL</u>		NNMC <u>NAVAL MEDICAL</u> <u>SCHOOL</u>
GENERAL HEMATOLOGY			RADIOISOTOPES COURSE		PATHOLOGY
1. Introduction				1. Histology	
2. Allow for delays in reporting				2. Blood Banking	
				3. Frozen Blood	
JAN	FEB	MAR	APR	MAY	JUN
NNMC <u>NAVAL MEDICAL RESEARCH INSTITUTE (TISSUE BANK)</u>					
1. Immunologic techniques					
2. Tissue typing			3. Fluorescent antibody studies		
			4. Methods of immunosuppression		

SECOND      YEAR

JUL	AUG	SEP	OCT	NOV	DEC
NIH <u>LEUKEMIA SERVICE</u>		GEORGETOWN MEDICAL CENTER or NATIONAL CANCER INSTITUTE		NNMC <u>NAVAL HOSPITAL</u>	
		Solid Tumor Service		General hematology	
JAN	FEB	MAR	APR	MAY	JUN
NNMC <u>NAVAL HOSPITAL</u>					
1. General hematology					
2. Research					
		3. Teaching			

Hematology Fellowship Training Program (Continued)

PARTICIPANTS IN PROGRAM

Medical Service Staff Physicians - CAPT L. M. FOX, MC, USN; Chief, Medical Service.

CDR R. B. MOQUIN, MC, USN; Head, Hematology/Chemotherapy Branch, Medical Service (in charge of training program under the direction of the Chief, Medical Service).

CDR E. PERLIN, MC, USN; Staff, Hematology/Chemotherapy Branch, Medical Service; Diplomate, American Board of Internal Medicine; Board Eligible, Subspecialty Hematology, American Board of Internal Medicine.

LCDR R. L. ROYSTER, MC, USN; Head, Radiotherapy Branch, Naval Hospital, Bethesda, Maryland.

CDR K. E. SELL, MC, USN; Director, Clinical Investigations, Naval Medical Research Institute, Bethesda, Maryland.

CDR J. CURRY, MC, USN; Head, Tissue Bank, Clinical Investigation Department, Naval Medical Research Institute, Bethesda, Maryland.

Seymour PERRY, M.D., Associate Scientific Director and Chief, Medicine Branch, National Cancer Institute, National Institutes of Health, Bethesda, Maryland.

LECTURERS-CONSULTANTS

William McFARLAND, M.D.; Director of Research Hematology, Veterans Administration Hospital, Washington, D.C.

Harold SCHUMACHER, M.D.; Director of Research Hematology, York Hospital, York, Pennsylvania; Associate Professor, Hershey Medical Center (Pennsylvania State University).

Charles E. RATLIFF, M.D.; Director of Laboratories, Georgetown University, Washington, D.C.

Paul R. McCURDY, M.D.; Associate Professor of Medicine, Georgetown University School of Medicine, Washington, D.C.

## INTERNAL MEDICAL RESIDENCY TRAINING PROGRAM

### DURATION OF TRAINING

The Internal Medical Residency Training Program is a \*three-year program designed to meet the requirements of, and approved by, the American Board of Internal Medicine, and Council on Education, American Medical Association. Candidates for this training must have completed a minimum of one year in an approved internship. Interns at this hospital in either the straight medicine or major emphasis medicine programs in general continue on in the medicine residency, and this year counts as the first year of postdoctoral training in satisfying the American Board of Internal Medicine requirements. There are also provisions for physicians to enter the residency program after a rotating internship.

\*This hospital also sponsors fellowship training in cardiovascular disease, fellowship training in gastroenterology, fellowship training in hematology, fellowship training in pulmonary disease, and fellowship training in endocrinology and metabolism. All of these are two-year programs. See separate program descriptions.

### SCOPE OF TRAINING

During the first year the resident rotates through the various medical wards, including general medicine (male and female), cardiology, chest and contagion, working under the direct supervision of a member of the medical staff and under the general supervision of the various other staff members working in subspecialties. Daily rounds are held by attending physicians on each ward. The resident is directly responsible for patient care, holds daily ward rounds, and consults with members of

## Internal Medical Residency Training Program

the staff or senior residents regarding individual patients. He also participates in the instruction of the one or two interns assigned to each ward. He is assigned outpatient clinics which afford an opportunity for follow-up of patients and for initial work-up and follow-up of outpatients. He spends one to two months as admitting resident during which time he also conducts a medical clinic for patients with acute problems not requiring admission.

During the latter part of the second year, the resident begins rotating through the various subspecialties which include cardiology, hematology, gastroenterology, endocrinology, chest medicine, neurology, intensive care, nephrology, rheumatology, and allergy. The schedule for subspecialty rotations is flexible and is arranged after consultation by the resident with the Chief of Medicine.

The resident receives intensive instruction and wide clinical experience in these subspecialty fields. He has direct patient responsibilities for both inpatients and outpatients. There are opportunities for other electives outside the hospital. These include the Radioisotope Course (two months--sponsored by the Naval Medical School), Tropical Medicine (six weeks--sponsored by BuMed at Gorgas Memorial Laboratory, Panama), and Infectious Disease (two months--at National Institute of Allergy and Infectious Diseases, Bethesda or at D.C. General Hospital--Howard University Service).

During the third year, the resident completes his specialty rotations and spends several months as the Senior Resident, making rounds on each of the medical wards and answering consultation requests from other Services.

After completion of three years of postdoctoral training (medical internship and two years of residency) the resident may then begin subspecialty fellowship training in any of the areas in which programs are offered. See initial paragraphs and separate program descriptions.

Clinical research is encouraged at all levels of training with assistance from members of the medical staff. In all three years, the resident has regular assign-

## Internal Medical Residency Training Program

ments in the scheduled General Medical and subspecialty Outpatient Clinics where he progressively follows more difficult cases under supervision.

Night and weekend coverage is arranged with a combination of one first and one second or third year resident plus interns. Members of the medical staff are available by telephone on a regular rotation, and subspecialty fellows are immediately available as well.

### CONFERENCES AND LECTURES

Residents participate in the following conferences and rounds, etc. (Weekly) Metabolic-Endocrine-Renal Conference; Hematology Conference; Gross Autopsy Review; Medical Surgical Joint Gastroenterology Conference; Gastroenterology Teaching Rounds; Cardiology Rounds; Chest Conference; Pulmonary Disease Rounds; Infectious Disease Rounds; Tumor Board (or Clinical Pathological Conference); Rheumatology Rounds and conferences; Neurology Rounds; Medical Grand Rounds; Departmental Conference; Gastroenterology Conference; Cardiac Catheterization Conference; Immunology Seminar; Hematology Seminar; and daily Residents' Conference with the Chief of Medicine. The residents and interns present cases at these conferences, enter into the discussions and present topics at the daily Residents' Conference. There are also periodically scheduled lectures by consultants in various specialties.

### FACILITIES AND SERVICES

The Naval Hospital, National Naval Medical Center, is a 750-bed general hospital (of which approximately 160 beds are on the Medical Service) designated as a specialty center for neurology, oncology, radiation therapy, thoracic and cardiovascular surgery and tropical diseases (including malaria and melioidosis). There are no private patients at this hospital; therefore, all patients are available as teaching cases, providing the resident with an infinite variety of clinical material. In addition to all the usual facilities, the National Library of Medicine and National Institutes of Health are across the street; the Naval Medical Research Insti-

## Internal Medical Residency Training Program

tute, Naval Medical School, Armed Forces Radiobiology Research Institute, Naval School of Health Care Administration, and Naval Toxicology Unit share the same campus; and the Armed Forces Institute of Pathology is nearby.

### STAFF

CAPT L. M. FOX, MC, USN, Chief, Medical Service; Diplomate, American Board of Internal Medicine and Subspecialty Board of Cardiovascular Disease; Fellow, American College of Physicians and American College of Cardiology.

CAPT J. SODE, MC, USN, Head, Endocrine-Metabolism Branch; Diplomate, American Board of Internal Medicine.

CAPT W. M. LUKASH, MC, USN (Additional Duty), Head, Gastroenterology Branch; Diplomate, American Board of Internal Medicine and Subspecialty Board of Gastroenterology; Fellow, American College of Physicians.

CAPT D. A. LEE, MC, USN, Head, Cardiology Branch; Diplomate, American Board of Internal Medicine.

CAPT W. P. BAKER, MC, USN, Cardiology; Diplomate, American Board of Internal Medicine and Subspecialty Board of Cardiovascular Disease.

CAPT P. J. DEAN, MC, USN, Assistant to the Chief of Medicine; Board eligible (internal medicine).

CDR R. C. ELLIOTT, MC, USN, Head, Pulmonary Disease Branch; Board eligible (internal medicine).

CDR R. B. MOQUIN, MC, USN, Head, Hematology-Chemotherapy Branch; Board eligible (internal medicine).

CDR A. C. PRICE, MC, USN, Pediatric Cardiology; Diplomate, American Board of Pediatrics.

CDR W. G. VAN VALKENBURGH, MC, USN, Head, Rheumatology Branch; Board eligible (internal medicine).

CDR D. W. SHEA, MC, USN, Fellow, Chest Medicine; Diplomate, American Board of Internal Medicine.

Internal Medical Residency Training Program

CDR E. PERLIN, MC, USN, Staff, Hematology Branch;  
Diplomate, American Board of Internal Medicine.

CDR F. H. CORCORAN, MC, USN, Staff, Cardiology Branch;  
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CDR R. D. GASKINS, MC, USN, Gastroenterology Fellow;  
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CDR J. W. REID, MC, USN, Hematology Fellow; Board  
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CDR R. F. GRANATIR, MC, USN, Hematology Fellow; Board  
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CDR R. B. JOHNSON, MC, USN, Staff, Gastroenterology  
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LCDR L. G. ASHLEY, Jr., MC, USN, Cardiology Fellow.

LCDR R. F. CIOFFI, MC, USNR, Head, Nephrology and  
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LCDR G. R. DONSHIK, MC, USN, Cardiology Fellow; Board  
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LCDR P. R. SMITH, MC, USNR, Head, Allergy Branch;  
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LCDR G. GIORGINI, MC, USNR, Staff, Gastroenterology  
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LCDR H. B. McCORMICK, MC, USN, Cardiology Fellow.

LCDR J. A. ROUTENBERG, MC, USN, Gastroenterology Fellow;  
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LCDR I. SCHER, MC, USNR, Staff, Rheumatology Branch;  
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LCDR J. F. SMIDDY, MC, USNR, Staff, Pulmonary Disease  
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## Internal Medical Residency Training Program

LCDR M. E. THOMPSON, MC, USNR, Staff, Cardiology Branch; Diplomate, American Board of Internal Medicine.

LCDR W. V. R. VIEWEG, MC, USN, Cardiology Fellow; Diplomate, American Board of Internal Medicine.

LCDR J. E. ZIMMERMAN, MC, USN, Staff, Internal Medicine; Diplomate, American Board of Internal Medicine.

### CONSULTANTS-LECTURERS

J. JOSEPH CANARY, M.D., Endocrinology; Director, Endocrine Clinic and Laboratory, Georgetown University Hospital, Washington, D.C.

HALL G. CANTER, M.D., Chest Medicine; Associate Professor of Medicine, Georgetown University School of Medicine; Chief, Pulmonary Disease Section, Georgetown University Hospital, Washington, D.C.

THOMAS C. CHALMERS, M.D., Gastroenterology; National Institutes of Health, Bethesda, Maryland.

WILLIAM CHEY, M.D., Gastroenterology; Temple University School of Medicine, Philadelphia, Pennsylvania.

NANCY B. CUMMINGS, M.D., Renal Disease; Naval Medical Research Institute, Bethesda, Maryland.

W. PROCTOR HARVEY, M.D., F.A.C.P., Cardiology; Director, Cardiology Division, Georgetown University School of Medicine, Washington, D.C.

THOMAS R. HENDRIX, M.D., Gastroenterology; Associate Professor of Medicine, Johns Hopkins University and Physician-in-Charge, Medical Clinic (Gastroenterology), Johns Hopkins Hospital, Baltimore, Maryland.

SOL KATZ, M.D., Chest Medicine; Professor of Medicine, Georgetown University School of Medicine, Washington, D.C.

WILLIAM McFARLAND, M.D., F.A.C.P., Hematology; Chief of Hematology, Veterans Administration Hospital, Washington, D.C.

Internal Medical Residency Training Program

PHILIP S. NORMAN, M.D., Allergy; Johns Hopkins Hospital, Baltimore, Maryland.

CHARLES E. RATH, JR., M.D., F.A.C.P., Hematology; Directory, Hematology and Blood Bank, Georgetown University Hospital, Washington, D.C.

GEORGE H. REIFENSTEIN, M.D., F.A.C.P., Cardiology; Technical Director of Clinical Research and Postgraduate Medical Education for the Navy Medical Department.

RICHARD S. ROSS, M.D., Cardiology; Johns Hopkins Hospital, Baltimore, Maryland.

JAMES L. A. ROTH, M.D., Gastroenterology; Chief of Gastroenterology Service and Director, Institute of Gastroenterology, Presbyterian University of Pennsylvania Medical Center, Philadelphia, Pennsylvania.

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HAROLD R. SCHUMACHER, M.D., F.A.C.P., Hematology; Harrisburg General Hospital, Harrisburg, Pennsylvania.

LEWIS P. SCOTT, M.D., Pediatric Cardiology; Department of Pediatrics, Children's Hospital, Washington, D.C.

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DAVID B. SKINNER, M.D., Gastroenterology; Johns Hopkins Hospital, Baltimore, Maryland.

ANTHONY SLIWINSKI, M.D., Rheumatology; Georgetown University Hospital, Washington, D. C.

JOHN C. SULLIVAN, M.D., Gastroenterology; Director, Gastroenterology Clinic, Providence Hospital, Washington, D.C.

HOWARD TICKTIN, M.D., Gastroenterology; private practice, Washington, D.C.

Internal Medical Residency Training Program

PHILIP A. TUMULTY, M.D., Internal Medicine; Johns Hopkins Hospital, Baltimore, Maryland

BERNARD J. WALSH, M.D., Cardiology; Associate Professor of Medicine, Georgetown University School of Medicine, Washington, D.C.

## NEUROLOGY RESIDENCY TRAINING PROGRAM

### DURATION OF TRAINING

The Neurology Residency Training Program is a three year program designed to meet the requirements of the American Board of Psychiatry and Neurology, Inc. for certification in Neurology.

### SCOPE OF TRAINING

The program is designed for the training of clinical neurologists through the following objectives:

1. Experience with graded responsibilities in the diagnosis and management of adult and pediatric neurological disease.
2. Training in the performance and interpretation of neurodiagnostic procedures, including neuro-radiology-angiography, pneumography, myelography-neuroophthalmology, neurootology, electroencephalography, and electromyography.
3. Training in the basic neurological sciences, neuropathology, neuroanatomy, neurophysiology, neurochemistry.
4. Training in allied disciplines including psychiatry, neurosurgery, physical medicine and rehabilitation, neuroophthalmology, neuroradiology, neuroendocrinology.
5. An opportunity to become familiar with research in clinical neurology and for the basic neurological sciences.

The basic program consists of two years of clinical neurology and one year of basic science and electives. The program is flexible to permit responsibilities and opportunities to be based primarily on the resident's needs considering his background and progress in residency training.

## Neurology Residency Training Program - Continued

There is an affiliation with Georgetown University Medical Center to support the basic science portion of training.

The major teaching emphasis is through staff supervision, conferences, and lectures.

### FIRST-YEAR RESIDENTS

The first year will be devoted to care of hospitalized patients with some responsibility in the outpatient clinic. The resident's attention will be directed to the whole patient with emphasis on being first a physician then a specialist in neurology. He will be responsible for the diagnoses, treatment, and disposition of his patients with assistance and supervision from a staff neurologist. There will be a case load of about fifteen (15) patients obtained from three (3) to five (5) admissions per week. All diagnostic studies will be performed by the resident under supervision, with progressive independence.

### SECOND-YEAR RESIDENTS

During the second year, the resident will rotate through subspecialties and basic sciences. Selected residents, because of background and progress, may advance to the second year level more rapidly, or may require extension beyond twelve months of first year level training. Required rotations include neuroanatomy and neuropathology at the Armed Forces Institute of Pathology, clinical neurophysiology, and pediatric neurology. Elective rotations available are of a wide variety, including psychiatry, neuroembryology, neuroepidemiology, neuropharmacology, neurochemistry, neuroophthalmology, neurosurgery, subspecialties of internal medicine, and research opportunities.

### THIRD-YEAR RESIDENTS

The third year will be divided into a six month period on consultation service during which time consultations from other inpatient services and emergency consultations from outpatient clinics and emergency room will be answered. Additional time will be spent in the Neurology Outpatient Clinic. A six month period will be spent as Chief Resident during which he will

## Neurology Residency Training Program - Continued

be responsible for organizing teaching lectures, clinical conferences, and journal club. He will assure accurate inpatient evaluation and supervision of junior residents in neurology, residents rotating from other services, interns, and medical students who visit the Neurology Service. As time permits, he will assist in clinics and consultations. Depending on his skill and prior rotations, a given resident may in the third year spend all or none of his time as Chief Resident.

### CONFERENCES AND LECTURES

Visiting lecturers are heard once monthly. Consultant visits average three per week for clinical conferences. Weekly basic science seminars are conducted by the staff. Weekly neuropathology conferences are conducted by a member of the staff of Armed Forces Institute of Pathology. A weekly neuroophthalmology conference is held with the Ophthalmology Department.

New patients and patient dispositions are discussed at daily morning intake conference. Post-clinic conferences are held following Pediatric Neurology Clinics. Joint conference with Neurosurgery and Neuroradiology are held twice monthly. Grand rounds are held weekly, and there is a monthly journal club.

### FACILITIES AND SERVICES

The Neurology Service is an independent service with forty beds available for adult neurology patients and five beds available for Pediatric Neurology patients. In 1971, there were 336 admissions to the Neurology Service, and an average daily census of 32 patients. There were approximately 8,589 outpatient visits. Diagnostic facilities include electroencephalography in a laboratory well equipped for clinical research. There is a neuroradiology suite equipped for all procedures, including biplane cerebral angiography under the direction of a trained neuroradiologist. There are complete facilities utilizing the latest diagnostic methods in nuclear medicine, endocrinology, ophthalmology, and electromyography. In addition to providing in- and outpatient care for eligible patients with neurological illness, the Neurology Service provides an advanced clinical clerkship for fourth year medical students from Georgetown University Medical School and training program for Navy enlisted personnel in electroencephalography technology.

Neurology Residency Training Program - Continued

The E. R. Stitt Medical Library subscribes to most of the standard medical and surgical journals and maintains a most adequate reference shelf in neurology as well as other specialties. The National Library of Medicine is in close proximity.

CONSULTANTS-LECTURERS

Thomas L. AUTH, M.D.: Associate Professor of Neurology, Georgetown University Medical Center, Washington, D.C.

Kenneth M. EARLE, M.D.: Chief of Neuropathology, Armed Forces Institute of Pathology, Washington, D.C.

Warren V. HUBER, M.D.: Associate Director, N.I.N.D.S., National Institutes of Health, Bethesda, Maryland.

John F. KURTZKE, M.D.: Professor of Neurology and Community Medicine, Georgetown University Medical Center; Chief, Neurology Service, Veterans Administration Hospital, Washington, D.C.

Michael MALONE, M.D.: Chief, Neurology Service, Children's Hospital of the District of Columbia, Washington, D.C.

Desmond S. O'DOHERTY, M.D.: Professor and Chairman, Department of Neurology, Georgetown University Medical Center, Washington, D.C.

Sean O'REILLY, M.D., F.R.C.P.: Professor and Chairman, Department of Neurology, George Washington University Medical Center, Washington, D.C.

J. Kiffin PENRY, M.D.: Head, Special Projects Branch, Collaborative and Field Research, N.I.N.D.S., National Institutes of Health, Bethesda, Maryland.

STAFF

CDR W. L. BRANNON, MC, USN: Chief of Neurology; Diplomate, American Board of Psychiatry and Neurology (N); Clinical Assistant Professor of Neurology, Georgetown University School of Medicine, Washington, D.C.

Neurology Residency Training Program - Continued

CDR E. DIAMOND, MC, USN: Assistant Chief of Neurology; Diplomate, American Board of Psychiatry and Neurology (N); Instructor in Clinical Neurology, Georgetown University School of Medicine, Washington, D.C.

LCDR F. P. GRENN, MC, USNR: Staff Neurologist; Instructor in Clinical Neurology, Georgetown University School of Medicine, Washington, D.C.

LCDR W. F. RAY, MC, USNR: Staff Neurologist.

## OBSTETRICS AND GYNECOLOGY RESIDENCY TRAINING PROGRAM

### DURATION OF TRAINING

The Obstetrics and Gynecology Residency Training Program is a three year program designed to meet the requirements of, and approved by, the American Board of Obstetrics and Gynecology and the Council on Medical Education of the American Medical Association.

### SCOPE OF TRAINING

Resident training in all aspects of obstetrics and gynecology is offered, including clinical aspects, surgery, teaching and research activities, and is supervised by the staff and civilian consultant-lecturers. The chief of the service offers overall supervision, sets general policies regarding treatment and designates assignments. Staff members assist in the general supervision and are responsible for designated wards and clinics.

### FIRST-YEAR RESIDENTS

The first-year resident is assigned to Obstetrics and the delivery room for six months. He is responsible for the postpartum ward for three months with senior resident supervision, and for three months he is Assistant Medical Officer on the Complicated Obstetrical Ward with senior resident and staff supervision. The remaining six months, the first-year resident is assigned to the Gynecology Ward as junior resident. He controls the inpatient care of his own patients with senior resident and staff supervision.

Twenty percent of his daytime duty he is assigned to the labor deck. There he admits patients to the labor room, follows them and performs routine deliveries. He also administers anesthetics exclusive of general and epidural type. He actively participates in the interns' teaching.

He is assigned to the operating room for twenty percent of his daytime duty where he assists in major surgery and performs major surgery of increasing difficulty as his ability warrants. He performs all forms of gynecological minor surgery with supervision.

Forty percent of his time is spent in the regularly scheduled Obstetric and Gynecologic Clinics where he follows his own patients, thus conforming as much as possible to a private practice. Full time senior staff consultation is readily available.

When assigned to Obstetrics, he attends the Complicated Obstetrical Clinic, and when on Gynecology, he attends the Gyn Oncology Clinic.

At least one afternoon per week he is unassigned which time can be utilized for study.

He reviews all obstetrical and gynecological inpatient charts for completeness and dictates narrative summaries. Charts are then reviewed and countersigned by the head of the respective division.

#### SECOND-YEAR RESIDENTS

The second-year resident has essentially the same time schedule as the first-year resident but has increased responsibility. He is assigned to postpartum ward with staff supervision. He is the ward medical officer on the Complicated Obstetrical Ward, and completes the year as assistant resident on Gynecology.

Twenty percent of his daytime duties entail labor deck coverage where he performs deliveries of increasing difficulty.

Twenty percent of his time is allotted to the operating room where he performs all routine gynecological procedures commensurate with his previous year's experience and ability, under senior resident or senior staff supervision.

Forty percent of his time is allotted to the Ob-Gyn Clinic where he has control over and follows his own obstetric and gynecologic patients. Full time senior staff consultant is readily available.

He is responsible for his respective division's statistics and prepares a monthly report.

#### THIRD-YEAR RESIDENTS

The third-year resident performs six months as senior OB resident and six months as senior GYN resident. While on Obstetrics, he is responsible for the conduct of the labor deck, the Complicated Obstetrical Ward, and postpartum ward. He makes rounds twice daily to insure proper treatment and proper notes are made in all charts. All decisions are made in these areas by the senior resident, and he consults with the senior staff assigned to the ward as necessary.

While on Gynecology, he is responsible for all decisions made on Gynecology inpatients and the care of Gynecologic Oncology patients with senior staff supervision where warranted. In the operating room, he performs all routine gynecology procedures and instructs the first- and second-year residents. Senior staff assistance is available at all times.

He is also assigned to the Obstetric and Gynecologic Clinics to provide continuity of patient care.

It is anticipated that each resident will present a formal paper at least twice a year.

As the senior resident on Obstetrics, he will perform the duties of chief resident which includes an active participation in the academic program with the senior staff and assists in the preparations for guest lecturers.

It is desired that the training program be conducted without clear-cut separation into obstetric and gynecologic division. Thus, providing increased continuity of patient care and more closely approximating the true practice of the specialty. It is also the purpose of the program to increase responsibility and operative experience at a rate limited only by the resident's ability. Though a definite pattern is utilized in all cases, the time of initiating each step in the program may vary.

#### ORGANIZED TEACHING ACTIVITIES

<u>Name of Activity</u>	<u>Frequency Per Month</u>	<u>Conducted or Supervised by:</u>
Topic and/or Case Presentations-OB	4X	Ob-Gyn Staff
Topic and/or Case Presentations-GYN	4X	Ob-Gyn Staff
Journal Club or Civilian Consultant	4X	Ob-Gyn Staff
Gynecologic Pathology Conference	4X	Pathology Staff
Lectures for Medical Students	10X	Ob-Gyn Residents & Staff
Morbidity-Mortality Conference	1X	Ob-Gyn Staff
Complicated Obstetrics Conference	4X	Ob-Gyn Staff
Gynecologic Oncology Conference	4X	Ob-Gyn, Chemotherapy, Radiation Therapy Staffs
Hospital Tumor Board	4X	Chief, Surgery
Obstetric-Pediatric Conference	1/3X	Ob-Gyn, Pediatric Staffs
Endocrinology Conference	1X	Assistant Chief, Ob-Gyn
Senior Residents Pathology Review	4X	Assistant Chief, Ob-Gyn
Visiting Professor Conference	1/2X	Chief, Ob-Gyn
Obstetric Teaching Rounds	20X	Obstetric Staff
Gynecology Teaching Rounds	20X	Gynecology Staff
Chart Rounds - Obstetrics	4X	Obstetric Staff
Chart Rounds - Gynecology	4X	Gynecology Staff

#### FACILITIES AND SERVICES

The Obstetric-Gynecology Clinic has seven completely equipped offices. The gynecologic inpatient ward comprises 22 beds. There are 11 beds for complicated OB antepartum patients and 26 postpartum beds. There are three delivery rooms and six labor beds. In addition, female active duty officers are placed on SOQ ward.

During the past year, a total of 18,685 obstetrical patient visits and a total of 36,586 gynecological patient visits were handled by the residents and staff at this hospital. There were 1,568 obstetrical patients admitted and 1,364 deliveries; 1,036 gynecological patients were admitted.

#### STAFF

Captain E. B. McMAHON, MC, USN, Chief, Obstetrics and Gynecology Service; Diplomate, American Board of Obstetrics and Gynecology; Fellow, American College of Obstetricians and Gynecologists; Member, American Medical Association; Member, Association of Military Surgeons of U.S.; Associate Clinical Professor, Obstetrics and Gynecology, Georgetown University.

Captain D. R. KNAB, MC, USN, Assistant Chief, Obstetrics and Gynecology Service; Diplomate, American Board of Obstetrics and Gynecology; Fellow, American College of Obstetricians and Gynecologists; Member, American Medical Association; Member, Association of Military Surgeons of U.S.

Captain M. LABUDOVICH, MC, USN, Diplomate, American Board of Obstetrics and Gynecology; Fellow, American College of Obstetricians and Gynecologists; Member, American Medical Association; Member, San Diego Gynecology Society; Member, American Diabetic Association; Assistant Professor, Obstetrics-Gynecology, University of South California; Assistant Professor, Biochemistry, University of South California.

Captain F. S. BILLINGSLEY, MC, USN, Diplomate, American Board of Obstetrics and Gynecology; Fellow, American College of Obstetricians and Gynecologists; Member, F. Bayard Carter Obstetrical and Gynecological Society; Member, American Medical Association; Member, Association of Military Surgeons of U.S.

Lieutenant Commander D. R. HALBERT, MC, USN, Junior Fellow, American College of Obstetricians and Gynecologists; Fellow, American Fertility Society, Fellow, F. Bayard Carter Obstetrical and Gynecological Society.

#### CONSULTANTS-LECTURERS

Edward H. DENNIS III, M.D.; Professor, Department of Obstetrics and Gynecology, Medical College of South Carolina, Charleston, South Carolina.

Louis M. HELLMAN, M.D.; Deputy Assistant Secretary for Population Affairs, Department of Health, Education and Welfare, Washington, D. C.

Kermit E. KRANTZ, M.D.; Professor and Chairman, Department of Obstetrics and Gynecology, University of Kansas Medical Center, Kansas City, Kansas.

George W. MITCHELL, JR., M.D.; Professor and Chairman, Department of Obstetrics and Gynecology, Tufts University, Boston, Massachusetts.

James H. NELSON, JR., M.D.; Professor and Chairman, Department of Obstetrics and Gynecology, State University of New York Downstate Medical Center, Brooklyn, New York.

James G. SITES, M.D.; Professor and Chairman, Department of Obstetrics and Gynecology, The George Washington University Medical Center, Washington, D. C.

Frederick P. ZUSPAN, M.D.; Professor and Chairman, Department of Obstetrics and Gynecology, University of Chicago, Chicago Lying-In Hospital, Chicago, Illinois

## OPHTHALMOLOGY RESIDENCY TRAINING PROGRAM

### DURATION OF TRAINING

The Ophthalmology Residency Training Program is a three-year program designed to meet the requirements of, and approved by, the American Board of Ophthalmology and the Council on Medical Education of the American Medical Association. Candidates for this training are required by the Navy to have completed a minimum of one year in an approved internship. The American Board of Ophthalmology does not require an internship prior to residency training.

### SCOPE OF TRAINING

All residents are under the direct supervision of a well trained and qualified staff. The staff is constantly available for consultation or advice concerning patient care. Clinical demonstrations and ad hoc teaching periods, on an informal basis, are encouraged daily. The area served by this residency has a potential patient load of approximately one million. Over forty thousand outpatient examinations are conducted each year. The hospital is the designated center for keratoplasty, serving the eastern half of the country for the United States Navy.

### FIRST-YEAR RESIDENTS

The first year resident is given an initial Basic Science Course in Ophthalmology lasting from 1 July through 30 September. This course serves to introduce the scope and basic techniques of Ophthalmology. The course occupies his time during the morning hours, and he is introduced to clinical ophthalmology in the Naval Hospital outpatient clinics during the afternoon. For a four-month period, the first year resident has responsibility as the Ward Medical Officer, under the supervision of the Senior Resident and the staff man assigned to the Ward service. His responsibility includes all admissions to the non-surgical service. For the remaining eight month period, he is responsible for all outpatient emergency cases, plus improving his skills of refraction and ophthalmoscopy on all unscheduled outpatient visits.

## Ophthalmology Residency Training Program - Continued

During this time he sees a wide cross section of normal and abnormal patients, and becomes proficient in the use of instruments required in diagnosis and treatment.

He is expected to perform minor surgical procedures, under supervision, and as skill increases, is introduced to and performs extraocular surgery on cases assigned by the Senior Resident and staff. He is encouraged to assist in other ocular surgical procedures as surgical proficiency is increased.

### SECOND-YEAR RESIDENTS

During the second year, the resident has fulltime responsibilities in the outpatient clinic; treating abnormal refraction cases, glaucoma, strabismus, neuro-ophthalmologic problems, and inpatient consultation requests. When he has demonstrated his proficiency in extraocular surgery, he is introduced to intraocular surgery, and becomes first assistant to the Senior Resident. If technical advancement is adequate, he may perform intraocular surgery under staff supervision.

A three-month, fulltime, rotation is provided to the ophthalmic pathology section at the Armed Forces Institute of Pathology.

### SENIOR RESIDENTS

The senior resident is expected to be fully proficient in both diagnostic and therapeutic skills, and to be ready to assume the responsibility of Chief Resident under the direction of the Chief of the Service and responsive to all staff ophthalmologists. He participates in the instruction and supervision of all other residents. He continues to expand his clinical knowledge through Outpatient Clinic work, surveying all inpatient consultations, and is expected to be able to perform competently all surgical cases assigned by the Chief of Ophthalmology. He is responsible for obtaining all required monthly patient data required for Ophthalmology Service reports.

### ALL RESIDENTS

All residents are encouraged and expected to attend all specialty seminars and meetings in the immediate Washington-Baltimore area. Additionally, they are encouraged to attend at least one other national specialty meeting during the year, this attendance on temporary additional duty orders if funds are available; otherwise on authorization orders with no expense to the Navy.

## Ophthalmology Residency Training Program - Continued

All residents are expected to be able to express their thoughts, observations, and work, clearly and in orderly fashion both verbally and in writing. They are expected to present at least three oral papers yearly on assigned or original topics, to assembled staff, residents, and visitors. At least one paper suitable for publication is expected during the three years of training.

Research facilities are available, and all residents are encouraged to pursue some original project, after consultation and approval by the staff.

### AFFILIATIONS

#### Armed Forces Institute of Pathology, Washington, D.C. (The Ophthalmic Pathology Branch of the Pathology Division)

During the second year, the resident spends three months receiving intensive training in all phases of ophthalmic pathology; from gross examination of material, through processing of material, to the final reading and interpreting of the microscopic sections. This phase of training is supervised by Dr. Lorenz Zimmerman and his staff.

#### Washington, D.C. Basic Science Course in Ophthalmology

This is a three month basic science course given for all residents in the Greater Washington area, at the outset of the first year of the residency. Teaching support of the course is offered by qualified and invited staff members. The Course is sponsored by a Consortium of teaching hospitals in the Washington area.

#### Saturday Morning Conferences, Washington Hospital Center, Washington, D.C.

During the academic year, each Saturday morning, a combined Ophthalmic conference featuring a nationally or internationally recognized speaker, presents a topic to the assembled residents, staff, and visitors. The topic may cover any subject in ophthalmology, and is directed toward the resident level of learning.

#### Lancaster Course in Ophthalmology - Ophthalmological Study Council, Colby College, Waterville, Maine

This eleven-week course is usually taken by the resident at the completion of his third year. It is an excellent course to prepare the resident for the American Board Examinations.

## Ophthalmology Residency Training Program - Continued

### Home Study Course in Ophthalmology, American Academy of Ophthalmology and Otolaryngology, Rochester, Minnesota

This course in basic ophthalmology is sponsored by the American Academy of Ophthalmology and Otolaryngology, and designed to be completed over a two-year period of home study. All residents are required to complete the course.

### LECTURES - ROUNDS

During the academic year, the staff makes scheduled formal weekly lectures to the residents covering glaucoma, neuro-ophthalmology, medical ophthalmology, and other fields of interest. Guest speakers are invited to present lectures to the staff and residents at frequent intervals.

Grand rounds are made by the Chief of the Service with all residents and staff each Friday morning.

All residents participate in and present a weekly Journal Club.

### CONSULTANTS

A. Edward MAUMENEY, M.D.: Diplomate, American Board of Ophthalmology; Director of the Wilmer Eye Institute, Johns Hopkins Hospital, Baltimore, Maryland; Professor of Ophthalmology, the Wilmer Institute; Consultant in ophthalmology to the Bureau of Medicine and Surgery, Department of the Navy.

Marshall M. PARKS, M.D.: Diplomate, American Board of Ophthalmology; Fellow, American Academy of Ophthalmology and Otolaryngology; Visiting lecturer at Colby College, Waterville, Maine (Lancaster Basic Science Course); Consultant in ophthalmology to the Bureau of Medicine and Surgery, Department of the Navy.

Stephen S. PAPPAS, M.D.: Clinical Instructor in Ophthalmology, The George Washington University School of Medicine and Georgetown University School of Medicine; Diplomate, American Board of Ophthalmology; Fellow, American Academy of Ophthalmology and Otolaryngology; Charter Member, Retina Society.

Ophthalmology Residency Training Program - Continued

STAFF

CAPT L. M. KING, JR., MC, USN: Chief of Ophthalmology Service; Diplomate, American Board of Ophthalmology; Fellow, American Academy of Ophthalmology and Otolaryngology; Fellow, Society of Military Ophthalmologists; Fellow, American College of Surgeons; Member, New England Ophthalmological Society.

LCDR F. H. REESER, MC, USNR: Diplomate, American Board of Ophthalmology.

LCDR T. D. McKINNON, MC, USNR: Board Eligible.

LCDR M. POLLACK, MC, USN: Training completed.

## ORTHOPAEDIC SURGERY RESIDENCY TRAINING PROGRAM

### DURATION OF TRAINING

The Orthopaedic Surgery Residency Training Program is a four year program designed to meet the requirements of, and approved by, the American Board of Orthopaedic Surgery, and the Council on Medical Education, American Medical Association. Candidates for this training must have completed a minimum of one year in an approved internship. Two residents at each year level are assigned.

### SCOPE OF TRAINING

The Orthopaedic Service is divided into four separate services, each of which is under the direction of a staff medical officer, who supervises the junior and senior resident on that service.

Service A is a general orthopedic service for active duty and retired enlisted males, male dependents 17 years and older, and is also designated as the Hand Service; patients in the above categories with hand trauma or reconstructive problems being followed here. Service B, like A, is a general orthopedic service and is also designated as the Hip Service, caring for patients with reconstructive or traumatic hip problems. Service B also includes the service for active duty and retired officers. Service C is responsible for the orthopedic care of female dependents over 16 years old, as well as active duty and retired female personnel. Service D is the service designated to care for all patients 16 years old and under.

The first-year resident, after orientation, assumes responsibility as a Ward Medical Officer on either Service A or Service B. He is confronted with acute traumatic and chronic orthopedic problems inherent in the military hospital. He assists in major surgical procedures and performs increasingly difficult procedures as his knowledge and ability progress. He also shares Outpatient Clinic responsibility for his service. He attends a didactic course in prosthetics at Northwestern University during his first year. The first-year residents change services with each other after six months to allow equal experience on the Hand and Hip Services.

The second-year resident has a six-month period which he may spend in research or in other allied surgical fields approved by the Chief of Service. For the remainder of the second year, he is assigned duties as Ward Medical Officer on Service C. He assists at, and performs surgery on all patients under his care during this rotation.

Half of the third year is spent as Senior Resident on Service A and half on Service B. The third-year residents attend a six-week course in Orthopedic Pathology at the Armed Forces Institute of Pathology. They also spend three months each as a Fellow in Children's Orthopedics at the James Lawrence Kernan Hospital in Baltimore, Maryland. He is given increasingly more surgical responsibility and outpatient responsibility, as well as assuming immediate supervision of the junior resident on A or B service.

The fourth-year resident serves six months as Senior Resident on Service D and six months as Chief Resident. During the period when he is assigned to Service D, he assumes primary responsibility for inpatient and outpatient care of children's problems and is the principal surgeon in their operative management. He is afforded the opportunity to attend all children's orthopedic conferences in the area and selected meetings at a distance. During his rotation as Chief Resident, he coordinates administrative activities for the Service and performs medical duties as required. At the third and fourth year levels, the residents stand a telephone watch in rotation.

#### FACILITIES AND SERVICES

The Orthopedic Service of this hospital is a referral point for patients from outlying naval dispensaries and small naval hospitals while serving the authorized personnel of the Metropolitan Washington area. The Orthopedic Service also receives patients from many distant military hospitals, both in the United States and abroad. The result is a wide range of orthopedic conditions covering all ages, thus maintaining a balance between trauma and non-traumatic orthopedic diseases for orthopedic training.

In 1971, the average daily inpatient census was 151, and 17,104 outpatient visits were recorded. The Orthopedic Service performed 1,009 major operative procedures, and over 1,000 minor procedures (e.g., closed reductions) were performed in the Plaster Rooms. In addition, the Physical Therapy Department had 22,404 visits, and administered 44,282 treatments.

## CONFERENCES AND LECTURES

Residents in Orthopedic Surgery are exposed to an integrated teaching program throughout the year.

X-ray Conferences are held twice a week.

Saturday morning conferences are devoted to Basic Sciences and Clinical Science Lectures presented by residents, staff members, or civilian consultants. On Mondays a gross anatomy demonstration is presented, the dissections and demonstrations being presented by the residents in rotation.

Regular clinical teaching conferences are conducted. Foot Clinic is held weekly on Tuesdays. Wednesday afternoons are devoted to presentation, examination, and treatment recommendation for patients who present problems in management or may best be treated surgically. All patients for whom elective surgery is proposed are presented to this conference.

Monthly Hip Conferences are held. Prosthetic and Orthotic Conferences are held twice a month. On Fridays there is Hand Clinic with the fourth Friday devoted to Hand Conference. These conferences are attended by various civilian consultants. A combined Orthopedic-Rheumatology Conference is held bi-monthly.

Clinical conferences with civilian specialists in children's orthopedics are held twice monthly, as well as a monthly combined Orthopaedic-Pediatric-Neurology Conference.

Every effort is made to provide the resident staff with an opportunity to attend various national and local meetings of importance, particularly the meetings of the American Academy of Orthopaedic Surgeons and the Society of Military Orthopaedic Surgeons. Residents are encouraged to present a paper at the latter organization's meeting each year. The resident is also afforded the opportunity to attend the semiannual, widely attended orthopedic meeting at the Alfred I. DuPont Institute, Wilmington, Delaware, to which several nationally known orthopedists are invited as guest speakers. Finally the proximity of the Walter Reed Army Medical Center, the Armed Forces Institute of Pathology, and the National Institutes of Health has made a pleasant exchange of ideas possible.

STAFF

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LCDR Robert ISKOWITZ, MC, USNR; Physiatrist

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Gaylord L. Clark, Jr., M.D. (hand surgery)

Charles H. Epps, M.D. (hand surgery)

Frank E. Stinchfield, M.D. (hip problems)

Leo B. VanHerpe, M.D. (children's orthopedics)

## OTOLARYNGOLOGY RESIDENCY TRAINING PROGRAM

### GENERAL DESCRIPTION

The Otolaryngology Residency Training Program comprises four years devoted to training, one year in general surgery and three years in otolaryngology. It is preferred that the training in general surgery be completed during the first year of the program. The entire program meets the requirements of, and is approved by, the American Board of Otolaryngology, American College of Surgeons, and Council on Medical Education of the American Medical Association.

Requests for information regarding application for residency training should be addressed to the Chief of the Bureau of Medicine and Surgery (Code 316), Navy Department, Washington, D.C. 20390. The Chief of Service and Staff of the Otolaryngology Service, Naval Hospital, National Naval Medical Center, Bethesda, desire personal interviews, whenever possible, with prospective applicants.

### DESCRIPTION OF TRAINING BY YEAR

FIRST YEAR-During the first year of training the resident rotates for three months each on the General Surgery, Plastic Surgery, Neurosurgery, and Thoracic Surgery Services. During this year the resident is primarily under the jurisdiction of the Chief of Surgery, although close liaison with the Department of Otolaryngology is maintained.

SECOND, THIRD, AND FOURTH YEAR - TRAINING IN OTOLARYNGOLOGY  
During the following three years training is primarily oriented toward the medical and surgical aspects of the specialty of Otolaryngology. The program is divided into four main areas: Basic Science; Rhinology and General Otolaryngology; Otology; Head and Neck and Maxillofacial Surgery, Laryngology and Bronchoesophagology.

Currently, the program trains two residents in each year. Residents are separated into two groups with one resident from each year. One group is assigned the responsibility for a ward of approximately twenty adult male patients and performs all

### Otolaryngology Residency Training Program (Continued)

of the indicated medical and surgical treatments within the scope of otolaryngology. The more elementary surgical procedures are performed by the more junior residents under the supervision of the staff and senior residents.

The other group of residents is assigned the responsibility of three wards with approximately eight beds in each, consisting of pediatric patients, adult female patients, and adult male patients. They also perform all indicated medical and surgical treatment in their group of patients.

Each group is assigned specific clinic and surgical days, which are not overlapping, thus preventing conflicts between clinic and surgical duties.

Regularly scheduled special clinics, conferences and lectures are attended by all residents from both groups.

SECOND YEAR (FIRST YEAR OF OTOLARYNGOLOGY) - Residents in the first year of otolaryngology training attend a two-month course in Otolaryngic Pathology at the Armed Forces Institute of Pathology. This course is unique in that the Armed Forces Institute of Pathology has one of the largest collections of otolaryngologic pathology specimens in the world. The Institute has a separate division of Otolaryngologic Pathology with a full-time staff and graduate fellows and sponsors national meetings under the auspices of the American Academy of Ophthalmology and Otolaryngology. Weekly lectures by the staff of the Institute are given to the members of the Otolaryngology Service at the Naval Hospital, Bethesda, throughout the entire year. Thus, thorough training in pathology is emphasized throughout the entire training program.

The remainder of the year is devoted to full-time rotation on outpatient and inpatient services. Basic principles of special otolaryngology physical examination are taught in the outpatient clinic. Residents examine patients under the supervision of the staff until it is felt that they are competent to examine patients independently. The indication for medical or surgical treatment are taught by frequent informal consultations with the staff and by daily and weekly teaching rounds. Special seminars are attended by all residents despite their special assignments.

## Otolaryngology Residency Training (Continued)

Second year residents perform many of the simpler surgical procedures in rhinology and general otolaryngology, such as submucous resections of the nasal septum and tonsillectomies. They assist at all major operations as second assistant and are expected to observe other operations performed by more senior residents and staff members. As the resident becomes more experienced, he is allowed to perform certain steps in the procedures at which he assists and eventually he begins to perform more advanced surgery under supervision.

Early training in microsurgery is emphasized and is begun by temporal bone dissection using the operating microscope. Numerous myringotomies and insertion of ventilation tubes using the operating microscope are performed by second year residents. The second year resident is expected to observe many microsurgical procedures and he acts as assistant at several tympanomastoidectomies. Training in simple audiology is given in the outpatient clinic and more advanced training is given during a two-week period at the Walter Reed Audiology Center.

In head and neck surgery, the second year resident is responsible for the admission and preoperative evaluation of all cancer patients. He is expected to make a thorough medical evaluation of the patient and to obtain necessary consultative services from other departments. It is during this period that his general medical acumen is put to the test and it is expected that he should improve his knowledge of general medicine, metabolic, cardiovascular and pulmonary diseases in particular. He is expected to learn the essentials of general and regional diagnostic procedures for discovering metastases. The second year resident is given the assignment of presenting such patients at departmental conferences and to the hospital tumor board. Finally he assists at all major head and neck and maxillofacial surgical procedures and participates actively in the post-operative care.

THIRD YEAR (SECOND YEAR OF OTOLARYNGOLOGY) - During the third year of specialty training the resident performs more advanced surgery in rhinology and general otolaryngology, such as surgery of the paranasal sinuses and simple rhinoplasties.

The third year resident does more advanced surgery of the ear consisting of myringoplasties, simpler tympanoplasties. He is expected to assist on all tympanomastoidectomies and is permitted to perform many of the steps in these procedures under supervision.

## Otolaryngology Residency Training (Continued)

The third year resident attends a four-week observership in head and neck surgery at Memorial Hospital for Cancer and Allied Diseases in New York. In the area of head and neck surgery he is responsible for many of the diagnostic procedures, biopsies, and endoscopies on patients with malignancies. He is expected to advise the junior residents in the work-up of new patients.

The third year resident first assists on all major cancer operations and performs many of the simpler maxillofacial and plastic surgical procedures as the primary surgeon. As he gains experience the third year resident is expected to perform many of the elevations and closures of skin flaps, and some of the dissection. He is expected to become competent at performing direct laryngoscopies and microlaryngoscopies.

FOURTH YEAR (THIRD YEAR OF OTOLARYNGOLOGY) - During the final year of training the resident is expected to develop competence in most of the advanced surgical procedures of the specialty. The resident performs every type of otologic surgery, including a large number of tympanomastoidectomies, tympanoplasties, and surgery for otosclerosis. In head and neck surgery the fourth year resident acts as the primary surgeon under the supervision of the staff initially, and eventually without supervision. He is expected to act as the leader of his resident group. He is ultimately responsible for all cancer patients on his service, their work-ups, surgery, post-operative care and rehabilitation.

It is expected that, especially during this period, the fourth year resident will develop the skill and confidence to competently perform major surgery of the head and neck, and many of the more complicated procedures in otologic surgery. He must be able to deal with the most complicated of post-operative problems, and rehabilitate patients who have undergone disabling surgery through the use of reconstructive surgery, prostheses, and speech therapy.

### COURSES AND OBSERVERSHIPS

1. Armed Forces Institute of Pathology, Washington, D.C.  
Two-month course in Otolaryngic pathology - second year  
Six-week course in Basic Science - third year
2. Temple University, Chevalier Jackson Clinic, Philadelphia, Pennsylvania  
Two-week course in Bronchoesophagology - fourth year

Otolaryngology Residency Training (Continued)

COURSES AND OBSERVERSHIPS (CONTINUED)

3. Memorial Hospital for Cancer and Allied Diseases, New York  
Four-week Observership in Head and Neck Oncology -  
Third year
4. Los Angeles Otologic Foundation, Los Angeles, California  
One-week course in Otologic Surgery - fourth year

STAFF

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CONSULTANTS-LECTURERS

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Otolaryngology Residency Training (Continued)

CONSULTANTS-LECTURERS (CONTINUED)

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ANATOMIC AND CLINICAL PATHOLOGY  
RESIDENCY TRAINING PROGRAM

DURATION OF TRAINING

The residency in pathology is a four-year program designed to accommodate two years at each year level in general pathology. It is approved by the American Board of Pathology and the Council on Medical Education of American Medical Association. The program consists of an integrated rotation through various subdivisions of anatomic and clinical pathology within the first two years to provide a broad awareness of the field of general pathology. The last two years are designed to permit the pursuit of particular interests through appropriate "electives" and provide the opportunity to develop self-confidence and the assumption of greater individual responsibility. The residents rotate duty nights during which times they serve as administrators of the laboratory and assume all the attendant professional responsibilities assigned. Staff members are available for consultation at night through a telephone watch schedule and return aboard when necessary. For accreditation in general pathology, the American Board of Pathology requires 24 months of anatomic and 24 months of clinical pathology but it does not dictate particulars as to how this be achieved. Our program is subdivided as follows:

SCOPE OF TRAINING

<u>Subject</u>	<u>Number of Months</u>
I. ANATOMIC PATHOLOGY	
1. Necropsy Pathology	12
2. Surgical Pathology (including cytopathology)	12

## Anatomic and Clinical Pathology Residency Training Program

### II. CLINICAL PATHOLOGY

1. Chemistry	
a. Quality Control, Statistical Methods, General and Special Chemistry (Toxicology and Clinical Microscopy)	9
b. Radioisotope Techniques	3
2. Blood Bank	3
3. Hematology	3
4. Bacteriology (including mycology)	4
5. Parasitology	1
6. Serology	1

Those interested residents who show proficiency in either anatomic or clinical pathology or both will be permitted to take three month electives in either or both areas. The anatomic pathology electives include specialized coursework in pediatric pathology, neuropathology, introduction to electron microscopy or immunopathology. The program has recently been modified to include a three-month elective rotation through the cytology program conducted at Johns Hopkins University by Doctor John Frost. Clinical pathology electives include cytogenetics, immunoelectrophoresis, methods of endocrine assays or introduction to biochemical research.

The Naval Hospital, Bethesda, a multifaceted teaching hospital, provides comprehensive medical care for active duty families and retired persons and their dependents. There is a wide variety of source material available to the Laboratory Service. The Laboratory Service being intimately involved in providing for this patient population benefits from the diversity of material. In addition, the Laboratory Service serves as a histopathological and toxicological reference laboratory for the entire Navy, receiving material from station hospitals and dispensaries at home and abroad as well as ships at sea. The Laboratory Service last year performed 236 autopsies, processed over 12,000 surgical pathology accessions, examined over 35,000 cytopathology preparations and performed over 1 1/2 million clinical laboratory determinations. The residents are intimately involved in all phases of these examinations under competent professional supervision.

The resident also participates in formal inter- and intra-departmental conferences, prepares monthly CPC's, presents material at weekly tumor board, and contributes to monthly Journal Club. In addition to this type of indoctrination,

## Anatomic and Clinical Pathology Residency Training Program

the laboratory regularly schedules guest speakers in various aspects of pathology. Not only does the Laboratory Service make optimum use of its close proximity to Naval Medical Research Institute, Navy Tissue Bank, National Institutes of Health, Walter Reed Army Medical Center, Armed Forces Institute of Pathology, Georgetown University, George Washington University and Howard University Medical Centers but also provides a special fund to bring experts from all over the country to lecture on areas of special interest.

### STAFF

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CDR M. F. DOLAN, MC, USN: Head, Laboratory Research Branch; Head, Officer Training Section; Diplomate, American Board of Pathology (Anatomic and Clinical Pathology).

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LCDR L. ROSATI, MC, USNR: Head, Anatomic Pathology Branch; Diplomate, American Board of Pathology (Anatomic and Clinical Pathology).

LCDR P. SCHER, MC, USNR: Assistant Head, Clinical Pathology Branch for Blood Bank. Board eligible.

LT G. VANDERAUE, MC, USNR: Assistant Head, Anatomic Pathology Branch for Surgical Pathology.

LCDR Lawrence Rubel, MC, USN: Assistant Head, Anatomical Pathology Branch for Autopsy Pathology; Diplomate, American Board of Pathology (Anatomical Pathology).

LT J. ELKINS, MSC, USN: Administrative Assistant to Chief, Laboratory Service.

LT V. D. SHINSKI, MSC, USN: Head, Microbiology Section, Clinical Pathology Branch.

Anatomic and Clinical Pathology Residency Training Program

CONSULTANTS-LECTURERS

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CAPT V. J. HYAMS, MC, USN: Chief, ENT Pathology Branch, Armed Forces Institute of Pathology.

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MAJ J. M. HENRY, MC, USA: Neuropathology, Armed Forces Institute of Pathology.

WILLIAM ROBERTS, M.D.: Cardiovascular Pathology, National Institutes of Health.

## PEDIATRIC RESIDENCY TRAINING PROGRAM

### DURATION OF TRAINING

The pediatric residency program at this hospital is currently approved by the American Board of Pediatrics and the Pediatric Residency Review Committee of the Committee on Medical Education, AMA, for three (3) years of pediatric training. Approval for pediatric level (PL) 3 and 4 training, under the new designation, is currently being requested. A total of 9 training billets are now authorized, and expansion of this number to 12 has been proposed.

### SCOPE OF TRAINING

A detailed description of duties and responsibilities at each level within the program is attached as Enclosure (1). Enclosure (2) is a typical weekly department schedule.

The straight interns and junior residents are considered as PL 1 trainees. They are assigned on a rotational basis to the ward, nursery, and clinic. Two months of electives are also available, either in-or-out service. General pediatric skills, both clinical and procedural, are emphasized. Primary responsibility for patient care, with appropriate supervision, is the keynote. Opportunity for long-term follow-up of selected patients is provided, and is considered a strong-point of the program.

Senior residents or PL 2 trainees, along with assuming a more supervisory role on the ward and nursery, spend more time in the clinics where they expand their "private practise" of selected patients and participate more actively in the specialty clinics.

Two months of electives are again available. In the absence of a PL 3 or 4 trainee, the senior residents assume the role of acting Chief Resident on a rotational basis.

The PL 3 or 4 trainees function either as Chief Resident or as fellows in the subspecialty of their choice. Programs in

## Pediatric Residency Training Program - Continued

Hematology/Oncology, Allergy/Immunology, Cardiology, and Neurology are currently either available or being developed at this hospital. Rotations to civilian programs in the area can be arranged.

The importance of clinical research in maintaining an atmosphere of inquiry and assuring optimal training/patient care is emphasized. Active participation in clinical research at all departmental levels is strongly encouraged.

### FACILITIES AND SERVICES

New or newly renovated spaces for the clinics and nursery are operational. Plans for renovation or relocation of the ward are being made.

The patient load consists of 50,000 outpatients, 1500 newborns, and 500 ward admissions per year. Pediatricians are primarily responsible for all clinic and nursery patients. Approximately 50% of the ward admissions have surgical problems, and their care is shared by the pediatric and appropriate surgical departments.

### AFFILIATIONS

Close liaison is maintained with the staff of Children's Hospital of D.C., and rotations onto various services there are available. Formal affiliation with the pediatric departments at Howard and Georgetown University Medical Schools includes regular rotation of their students through our program. All staff members of this department hold teaching appointments at both these schools. Close working relationships with NIH and Johns Hopkins are also maintained.

### CONFERENCES AND LECTURES

Numerous regular intra- and interdepartmental teaching sessions of all sorts are supplemented by a regular weekly consultant lecture by a prominent physician from Children's of D.C. or Johns Hopkins. Attendance at conferences at these and other institutions in the area is encouraged. An annual pediatric Visiting Professor Seminar is a highlight of this department's teaching schedule.

Pediatric Residency Training Program - Continued

MEETINGS AND COURSES

Every effort is made to get each resident to at least one meeting yearly. Several short courses will be incorporated as integral parts of the training program within two years. Residents are encouraged to submit papers for presentation at meetings particularly the Military Section of the annual A.A.P. meeting and The Uniformed Services Pediatric Seminar.

STAFF

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LT C. F. STRIFE, MC, USNR: General Pediatrics.

LT R. K. STONE, MC, USNR: General Pediatrics.

LT D. F. JOHNSON, MC, USNR: General Pediatrics.

## PEDIATRIC DEPARTMENTAL RESPONSIBILITIES

### I. General

- A. An atmosphere of inquiry, with complete intellectual honesty, is required for good training and quality medical care.
- B. Active participation in clinical research at all training and staff levels is essential.

### II. Intern (PL 1)

#### A. Ward

- 1. Patient responsibilities
  - (a) Takes primary care of all pediatric service patients.
  - (b) Does admission work-up on these patients.
  - (c) Writes or supervises and countersigns all orders and progress notes, including those at discharge.
  - (d) Signs (initials) all lab chits and consults daily (before they are filed).
  - (e) Makes cardex rounds with nurses at least twice weekly.
- 2. Teaching
  - (a) Gives informal instruction to medical students.
  - (b) Teaches minor procedures to students.
- 3. Clinic follow-ups Tuesday afternoons.
- 4. Administrative -- none.

#### B. Nursery (following may apply to Junior Residents)

- 1. Patient responsibilities
  - (a) Acts as primary physician for all inpatients in nursery.
  - (b) Performs admission physicals on all infants born between 2300 and 1600.
  - (c) Performs circumcisions.
  - (d) Takes maternal histories daily and gives lectures to mothers three times a week.
  - (e) Attends all Cesarean sections and complicated deliveries.
- 2. Teaching--gives informal instruction to students, rotating interns, and nursing personnel.
- 3. Clinic
  - (a) Sees follow-up patients on Tuesday afternoons.
  - (b) Attends complicated OB clinic at 1500 on Fridays.
- 4. Administrative
  - (a) Writes/dictates narrative summaries on all patients admitted to ICN.

Pediatric Departmental Responsibilities - Continued

- (b) Writes discharge note in duplicate, with copy attached to copy of newborn sheet being sent to OPD records, on all complicated neonates.
- (c) Prepare morbidity/mortality report within 10 days of each month.
- (d) Completes and signs "Report to Referring Physician" forms in duplicate, at discharge, on all outborn babies. Sends original to referring physicians, attaches copy to copy of newborn record being sent to OPD.

C. Clinic-- to be determined.

III. Junior Resident (PL or PL2)

A. Ward

- 1. Patient responsibilities
  - (a) Serves as Ward Medical Officer.
  - (b) Completes work-up and writes admission note on all pediatric service patients.
  - (c) Works up as appropriate and writes admission note on all children admitted on other services.
  - (d) Follows all patients on ward throughout their stay.
  - (e) Provides direct assistance to, and supervision of the ward intern.
  - (f) Takes charge of morning work rounds.
- 2. Teaching--provides bedside teaching/informal consultations to intern and students.
- 3. Clinic--sees follow-ups Wednesday afternoons.
- 4. Administrative:
  - (a) Dictates/writes narrative summary on all patients.
  - (b) Prepares morbidity/mortality report within 10 days of end of month.
  - (c) Ensures that referring physicians are kept informed of patient's progress during admission and at discharge.
  - (d) Ensures that each patient has an OPD record which is available on the ward throughout the admission.
  - (e) Completes and signs "Report to Referring Physician" forms in duplicate at discharge. Sends original to referring physicians and places copy in OPD record which is then returned to OPD record room or sent with the patient.

Pediatric Departmental Responsibilities - Continued

B. Nursery--See Section II B.

C. Clinic

1. Reads cultures every morning.
2. Has regular appointments 0930-1600.
3. Prepares fitness reports on interns assigned to clinic.
4. Takes no regular leave while assigned to PACC.

IV. Senior Resident (PL or PL3)

A. Inpatient supervisory

1. Ward

- (a) Patient responsibilities
  - i. Oversees care of all patients on ward.
  - ii. Writes a note on all pediatric service patients.
  - iii. Reads, corrects, and countersigns student work-ups.
  - iv. Responds to all pediatric service consults on ward.
  - v. Ensures that ward is being run effectively.
  - vi. Discusses patient/ward problems with head nurse daily.
- (b) Teaching
  - i. Gives two student lectures per week.
  - ii. Discusses workups with students.
  - iii. Conducts teaching rounds with nursing personnel weekly.
  - iv. Acts as primary source of information/guidance for all pediatric service patients.
  - v. Selects cases and makes arrangements for all teaching/attending rounds.
- (c) Clinic
  - i. Sees follow-ups Friday afternoons.
  - ii. Attends specialty clinics as possible.
- (d) Administrative--prepares fitness reports on all interns assigned to ward.

2. Nursery

(a) Patient responsibilities

- i. Attends daily morning work rounds as needed.
- ii. Writes admission note on all infants admitted to ICN.
- iii. Supervises and assists intern/junior resident PRN
- iv. Performs discharge physicals on all infants.

Pediatric Departmental Responsibilities - Continued

- (b) Teaching
  - i. Teaches interns and students newborn examinations, procedures, and circumcisions.
  - ii. Conducts weekly teaching rounds for nursing personnel
- (c) CLINIC: See IV A/l (c). Attends complicated OB Clinic at 1500 on Fridays when possible.
- (d) Administrative
  - i. Ensures that nursery is being run effectively.
  - ii. Ensures operational status of T5 laboratory.
  - iii. Discusses patient/nursery problems with head nurse daily.
  - iv. Prepares fitness reports on all interns assigned to nursery.

B. Outpatient

- 1. Sees appointments 0930-1600 daily.
- 2. Conducts teaching conference for clinic nursing personnel weekly.
- 3. Acts as primary consultant to interns assigned to clinic.
- 4. Prepares fitness reports on interns assigned to clinic.

V. Chief Resident (PL3 or PL4)

- A. Inpatient responsibilities
  - 1. Oversees patient care on both ward and nursery. Familiarizes self with and assists in care of all patients who present diagnostic problems or are seriously/critically ill.
  - 2. Makes daily rounds with Chief of Service.
  - 3. Maintains close liaison with all other personnel.
  - 4. Takes charge of daily sign-out records.
- B. Teaching
  - 1. Is responsible with the Asst. Chief of Service's supervision for the third year students' teaching program.
  - 2. Organizes weekly grand rounds, in cooperation with ward/nursery attending physicians and senior supervisory resident.
  - 3. Organizes the weekly OPD rounds, in cooperation with the Director of Ambulatory Pediatric and

Pediatric Departmental Responsibilities - Continued

clinic resident(s).

C. Clinics

1. Attends all specialty clinics.
2. Sees follow-up patients on Monday and Friday afternoons.

D. Administrative:

1. Prepares monthly resident/intern watch list.
2. Prepares weekly departmental teaching schedule.
3. Organizes monthly departmental morbidity/mortality conferences.
4. Conducts weekly (Wednesday A.M.) resident conferences.
5. Prepares fitness reports on junior residents.

VI. Staff Attending (Ward or Nursery)

- A. Makes rounds at least daily.
- B. Is responsible to Chief of Service for overall operation of and patient care on ward and nursery.
- C. Ensures optimal patient care, teaching, and morale.
- D. Ensures optimal utilization of any available consultants.
- E. Writes notes on pediatric patients as appropriate.
- F. Regularly reviews and criticizes all active records.
- G. Reviews all records on patients discharged during his month when they are returned with the narrative summary, signs them for the Chief of Service, and places a copy in the folder provided in his office.
- H. Ensures good communication with referring physician.
- I. Tries when possible not to take leave/TAD during his month as ward attending.
- J. Maintains close liaison with Chief Resident, Senior Supervisory Resident, and Head Nurse.

DEPARTMENT OF PEDIATRICS

SCHEDULE--WEEK OF 10-15 JANUARY 1972

Routine:                    0730--Work Rounds--Ward and Nursery  
                              0930--Attending Rounds, Nursery: M.T.W.&F.  
                              1100--Attending Rounds, Ward: M.W.F.  
                              1215--Lunchtime Conferences--T.W.F., T-5  
                              Conf. Room  
                              1630--Sign Out Rounds--Start in Nursery, T-5

MONDAY, 10 JANUARY

0830

Medical utilization of pharmacy and its services, Capt. Tober and LTJG Snook;  
EEG Conference Room  
Allergy Clinic

1300

TUESDAY, 11 JANUARY

0830

Chief of Service Rounds--Ward 5A

1300

Hematology Clinic

1500

Sign Out Rounds

1600

Journal Club--Officers' Club--Pediatric

ENT

WEDNESDAY, 12 JANUARY

0830

Staff Meeting--Dr. Bailey's Office

0830

Residents and Interns Meeting--T-5 Conf. Rm.

1300

Neurology Clinic

1500

Immunology Course: Clinical Immunologic Tests. Dr. Penn and Dr. Smith--Rm A, Bldg 110

THURSDAY, 13 JANUARY

0830

Chief of Service Rounds--Nursery

0940

X-Ray Conference

1030

Consultant Lecture--Pediatric Ophthalmology Dr. Friendly of D.C. Children's Hospital,

Room 325, Bldg 1

1300

Renal Clinic

FRIDAY, 14 JANUARY

0830

Mortality-Morbidity--December 1971

0940

EEG Conf. Room

1500

Ped. Surg., Rm. 325--Dr. Randolph

SATURDAY, 15 JANUARY

0830

Resident Lecture: Otology--Dr. McCurley

0930

Quarterly Perinatal Mortality-Morbidity with OB-GYN Dept., Dental Conf. Room (2nd fl. Bldg. 1)

## PLASTIC SURGERY RESIDENCY TRAINING PROGRAM

### DURATION OF TRAINING

The Plastic Surgery Residency Training Program is a two-year program designed to meet the requirements of, and approved by, the American Board of Plastic Surgery, the American College of Surgeons, and the Council on Medical Education of the American Medical Association. Candidates for this training must have completed a minimum of one year in an approved internship and at least four years in a residency in general surgery in a program approved by the Conference Committee on Graduate Training in Surgery or by the Council on Medical Education of the American Medical Association.

### SCOPE OF TRAINING

Residency training at this hospital is conducted in conjunction with the care of plastic surgical in- and outpatients under the direct and constant supervision of the staff of the Plastic Surgery Service. It includes the preoperative evaluation of patients on the wards and in the Outpatient Clinics, the discussion of proposed surgical procedures in departmental conferences and on Grand Rounds, and the performance of operative procedures. Operative experience is gained by assisting the staff plastic surgeons in plastic surgical and reconstructive surgical procedures, and in the gradual assumption of operative responsibility under their supervision. The individual operative responsibility given the resident is determined by his previous surgical background and his ability to carry out increasingly complicated procedures. The resident is responsible for all pre- and postoperative patient care of both in- and outpatients under supervision of the staff. He also maintains responsibility for the management of all emergency care of patients under supervision of the staff and keeps himself available throughout his period of training for such care.

Plastic Surgery Residency Training Program - Continued

Hospital admissions to the Plastic Surgery Service currently average 450 to 500 per year and 4,500 to 5,000 outpatient visits are made to the Plastic Surgery Clinic annually. From 550 to 600 major surgical procedures are carried out in the Main Operating rooms and from 500 to 550 cases are performed in the Minor Surgical Operating Room in the Plastic Surgery Suite. The case material offered the resident is of a greatly diversified nature, embracing all of the many facets of the specialty which may be found in any large metropolitan area. The resident is assigned to Memorial Hospital, New York City, New York for a period of three months during his second year for additional training in head and neck tumor surgery.

The resident is encouraged to make full use of the clinical and experimental research facilities available at the National Naval Medical Center, utilizing such facilities as the Naval Medical Research Institute's Tissue Bank.

The resident is required to attend all departmental conferences and lectures and other instructive programs which make up the basic science curriculum of this hospital for all interns and residents. In addition, the resident attends a monthly interdepartmental Hand Conference where hand cases of special interest or those with unique problems are presented. The resident also attends a biweekly exchange conference wherein problem cases of this hospital and those of the Walter Reed Army Medical Center are presented and ideas and techniques exchanged. The resident's participation is also required at a monthly Cleft Lip and Palate Conference held in conjunction with the Naval Dental School, civilian orthodontists, and a speech pathologist; this conference is designed to provide teaching as well as patient care.

The Senior Resident will attend the Annual Plastic Surgery Senior Resident's Conference held in various centers throughout the United States each spring.

A resident will be sent to the Annual Symposium of the Education Foundation of the American Society of Plastic and Reconstructive Surgeons.

The Senior Plastic Surgery Resident will be sponsored each year on a ten-day temporary additional duty to certain plastic surgery centers throughout the United States.

Plastic Surgery Residency Training Program - Continued

STAFF

CAPT W. D. LATHAM, MC, USN: Chief, Plastic Surgery Service; Diplomate, American Board of Plastic Surgery; Fellow, American College of Surgeons; American Society of Plastic and Reconstructive Surgeons; American Association of Plastic Surgeons; American Society for Aesthetic Plastic Surgery; Chairman, Association of Military Surgeons; D. C. Metropolitan Society of Plastic Surgery, past Vice President; Associate Assistant Professor Plastic Surgery, Georgetown University School of Medicine.

CAPT W. C. DEMPSEY, MC, USN: Diplomate, American Board of Surgery; Diplomate, American Board of Plastic Surgery; Fellow, American College of Surgeons; American Society of Plastic and Reconstructive Surgeons; Association of Military Surgeons of the U.S.; Association of Military Plastic Surgeons; California Society of Plastic Surgery; D.C. Metropolitan Society of Plastic Surgery.

CDR R. N. CONRAD, MC, USN: Board Eligible American Board of Surgery; Board Eligible American Board of Plastic Surgery; Association of Military Surgeons.

CONSULTANT-LECTURERS

Robert E. MORAN, B.S., M.D.: Diplomate, American Board of Plastic Surgery; Fellow, American College of Surgeons; Honorary Member and Past President, American Society of Plastic Surgery; Past Member of Board of Plastic Surgery; Honorary Member and Past President, Washington Academy of Surgery; Life Member, American Society of Reconstructive Surgeons; Life Member, Cleft Palate Society; Life Member, District Medical Society; Clinical Professor, Georgetown University Hospital, Washington, D.C.; Consultant to Georgetown University Hospital and Children's Hospital, Washington, D.C., Suburban Hospital and National Institutes of Health, Bethesda, Maryland, and Andrews Air Force Base Hospital, Camp Springs, Maryland.

Cornelius P. FREY, M.D.: Associate Member, Society of Plastic and Reconstructive Surgery; Chief of Plastic Surgery, Washington Hospital Center and Children's Hospital, Washington, D.C.; Attending Staff, Suburban Hospital, Bethesda, Maryland.

Plastic Surgery Residency Training Program - Continued

Charles E. HORTON, M.D.: Assistant Chief of Plastic Surgery, Norfolk General Hospital, Norfolk, Virginia; Past President of the Educational Foundation of the American Society of Plastic and Reconstructive Surgery; Society of Head and Neck Surgeons; American Board of Plastic Surgery; American Society of Plastic and Reconstructive Surgeons; American Association of Plastic Surgeons; American Society for Aesthetic Plastic Surgery; Plastic Surgery Research Council; Fellow, American College of Surgeons.

Jerome E. ADAMSON, M.D.: Chief of Plastic Surgery, Norfolk General Hospital, Norfolk, Virginia; Editor, Plastic Surgery Newsletter; Society of Head and Neck Surgeons; American Board of Plastic Surgery; American Society of Plastic and Reconstructive Surgeons; American Society for Surgery of the Hand; American Association of Plastic Surgeons; American Society for Aesthetic Plastic Surgery; Plastic Surgery Research Council; Fellow, American College of Surgeons.

Clyde LITTON, D.D.S., M.D.: American Board of Plastic Surgery; American Society of Plastic and Reconstructive Surgery; Society of Head and Neck Surgery; American Society of Maxillo-facial Surgery; American Medical Association; D.C. Society of Plastic Surgery; Mid-Atlantic Society of Plastic Surgery; American College of Surgeons; American Society for Aesthetic Plastic Surgery.

Harold A. ESKEW, D.M.D.: Omicron Kappa Upsilon Honorary Dental Fraternity; Edward H. Angle Society of Orthodontists; Charles H. Tweed Foundation for Orthodontic Research; Foundation for Orthodontic Research; Psi Omega Dental Fraternity; Southern Maryland Dental Society; D.C. Dental Society; Maryland State Dental Association; American Dental Association; Middle Atlantic Society of Orthodontists; American Association of Orthodontists.

Frank H. WALLACE, D.D.S.: Edward H. Angle Society of Orthodontists; Foundation for Orthodontic Research; Charles H. Tweed Foundation for Orthodontic Research; Delta Sigma Delta Dental Fraternity; Southern Maryland Dental Society; D.C. Dental Society; Maryland State Dental Association; American Dental Association; Maryland State Society of Orthodontists; Middle Atlantic Society of Orthodontists; American Association of Orthodontists; Dental Progress Study Club; Baltimore-Washington Society of Orthodontists.

DEPARTMENT OF PSYCHIATRY RESIDENCY TRAINING PROGRAM

The basic teaching aim is to prepare the student for competent practice in clinical psychiatry. He receives intensive and varied experience in diagnostic, therapeutic, and administrative skills. Lectures, conferences, seminars, and supervision parallel his work with patients in all age and diagnostic groups. Each student has six to ten inpatients and several long-term outpatients. Teaching and supervision is conducted by the staff and civilian consultants.

The Psychiatry Residency Training Program is organized to permit increasing responsibilities and opportunities for the resident as he progresses through the three-year program. The program is flexible enough to allow integration of residents arriving in an advanced status, and to permit flexibility in regard to the variations in training needs and professional interests of the individual resident.

FIRST-YEAR RESIDENTS

In the first year, emphasis is placed on basic behavioral sciences, interview techniques and the basic literature. Attendance at didactic courses is required. The resident is assigned a limited number of patients for study and management with careful supervision. He participates as an observer and assistant in the ward therapy programs including group therapy. He has experience in handling psychiatric emergency conditions. He begins long-term psychotherapy with selected outpatients, including one child, with supervision by a child psychiatrist.

SECOND-YEAR RESIDENTS

During the second year, the resident assumes increasing responsibilities and spends six months on the female ward. He is assigned more difficult diagnostic, disposition, and treatment

cases. He is introduced to consultative problems with opportunities to study and collaborate in the treatment of psychosomatic and neurotic reactions in settings other than those on a psychiatric ward. He is assigned selected outpatient consultations and continues his long-term outpatients. He spends three months on the Neurology Service in neuro-anatomy, neuropathology, and neurological diagnosis and treatment. He spends three months at St. Elizabeths Hospital, Washington, D. C., where he gains experience with special problems of the chronic hospital patient. He may be a member of a community mental health team providing mental health care to the inner city and gains experience in prevention and treatment programs in drug use, alcoholism, and community mental health.

#### THIRD-YEAR RESIDENTS

The third-year resident assumes greater responsibility and direction for patient management. He is encouraged to pursue problems or techniques of special interest. He is expected to participate in research activity which may be in collaboration with the Behavioral Sciences Department, Naval Medical Research Institute. He spends six months half-time at the Child Guidance Clinic where he works with children under close supervision. He spends half-time in outpatient work at the Psychiatric Clinic, Naval Dispensary, Arlington, Virginia. He is assigned special responsibilities involving "in-house" consultations. He conducts a weekly resident rounds. He has teaching responsibilities to the first-year residents and to the Psychiatric Technicians School. He gives lectures to corpsmen and nurses, to chaplains, and other groups. He acts as secretary and reporter for case conferences, handles the scheduling of case presentations to visiting consultants, and arranges emergency and night call schedules. He follows his own long-intensive psychotherapy outpatients. He has opportunity for home visits and works with Social Services. He assumes an active leadership role in the therapeutic community. He has the opportunity for advanced work with selected long-term inpatient cases.

### CONFERENCES AND LECTURES

The Psychiatry resident attends a variety of teaching conferences and lectures. He attends a weekly Case Conference emphasizing advanced interview skills. A Journal Club meets monthly.

### FACILITIES AND SERVICES

The Psychology Branch (approved by the American Psychological Association for conducting its own training program for interns and externs from local universities), a Social Service Section, and an Occupational Therapy Division. A certified speech pathologist and vocational rehabilitation agencies are available. The staff trains its own psychiatric aides. A number of the nursing staff have had prior training in psychiatric nursing. The Psychiatry Service provides outpatient and inpatient psychiatric care for eligible personnel, and consultative service to the other clinical departments of the hospital. Psychological screening is done for applicants to specialized duty such as the Naval Academy and Submarine, and Antarctic Service. The Psychiatric Service is closely allied with the Department of Neurology which is accredited for the training of neurology residents and offers teaching programs for psychiatry residents. The Psychiatry and Neurology Services maintain a specialized library of several hundred volumes. The hospital Medical Library subscribes to most of the standard neurologic, psychiatric, and psychologic journals. The National Library of Medicine is nearby.

### FACULTY AND STAFF

Captain Thomas H. LEWIS, MC, USN; Chief of Service; Associate Clinical Professor of Psychiatry, Georgetown University School of Medicine; Faculty, Washington School of Psychiatry.

Captain Orren L. ROYAL, MC, USN; Assistant Chief of Service; Head, Officer and Dependent Division; Director of Research.

Captain Alan G. MILLER, MC, USN; Head, Enlisted Division

Commander Larry E. CUMMINS, MC, USN; Head, Child Psychiatry Branch; Candidate, Washington Psychoanalytic Institute.

Lieutenant Commander Walter T. DAVISON, MC, USNR; Staff Psychiatrist in charge Therapeutic Community; Candidate, Baltimore-Columbia Psychoanalytic Institute; Co-Director of Curriculum.

Lieutenant Commander Marshall D. FITZ, MC, USNR; Staff Psychiatrist

Lieutenant George S. GLASS, MC, USNR; Staff Psychiatrist

Lieutenant Commander Robert A. GLICK, MC, USNR; Staff Psychiatrist; Co-Director of Curriculum; Candidate, Columbia Psychoanalytic Clinic for Training and Research, New York.

Lieutenant Commander Stuart L. KAPLAN, MC, USNR; Staff Psychiatrist; Assistant Chief, Child Psychiatry Division; Clinical Instructor in Child Psychiatry, George Washington University School of Medicine.

Lieutenant Commander Lawrence Y. KLINE, MC USNR; Staff Psychiatrist.

Lieutenant Commander George F. KOLODNER, MC, USNR; Staff Psychiatrist.

OTHER PROFESSIONAL STAFF

Bruce C. BECKER, Ph.D.; Director of Training and Research, Psychology Branch

Lieutenant Commander Loren D. ACORD, MSC, USN; Deputy Director, Training and Research, Psychology Branch

Norris WEINBERG, Ph.D.; Chief Clinical Psychologist

Rex V. NAYLOR, Ph.D.; Speech Pathologist

Lieutenant Junior Grade Stephen FAHERTY, MSC, USN; Senior Occupational Therapist

Susan M. SCOTT; Occupational Therapist

Margery PUSHNER; Chief Psychiatric Social Worker, Adult Group

Elaine CLARK; Child Psychiatric Social Worker

Beverly ROSEN; Child Psychiatric Social Worker

CONSULTANTS-LECTURERS

Z. M. LEBENSOHN, M.D.; Clinical Professor of Psychiatry,  
Georgetown University School of Medicine, Washington, D. C.

G. O. MORRIS, M.D.; Instructor in Psychoanalysis, Washington  
Psychoanalytic Institute

D. NOBLE, M.D.; Clinical Professor of Psychiatry, George  
Washington University School of Medicine, Washington, D. C.;  
Supervising and Training Analyst, Washington Psychoanalytic  
Institute

H. F. SEARLES, M.D.; Instructor, Washington School of Psy-  
chiatry; Supervising and Training Analyst, Washington Psycho-  
analytic Institute

Loren R. MOSHER, M.D.; Chief, Center for Studies of Schizo-  
phrenia, National Institute of Mental Health

John M. DLUHY, M.D.; Clinical Instructor of Psychiatry,  
Georgetown University School of Medicine, Washington, D. C.

Stephen MOURAT, M.D.; Clinical Assistant Professor of Child  
Psychiatry, George Washington University School of Medicine;  
Director, Family Guidance Clinic, Prince Georges County, Maryland

Albert H. TAUB, M.D.; Child Psychiatrist

H. L. P. RESNIK, M.D.; Chief, Center for Study of Suicide  
Prevention, National Institute of Mental Health, Rockville,  
Maryland; Clinical Professor of Psychiatry, George Washington  
University School of Medicine, Washington, D. C.

R. K. KAHN, Ph.D.; Associate Professional Lecturer of Psy-  
chology, George Washington University, Washington, D. C.

Charles RICE, Ph.D.; Assistant Professor of Psychology,  
George Washington University, Washington, D. C.

L. O. WALDER, Ph.D.; Professor of Psychology, American  
University, Washington, D. C.

## PULMONARY DISEASE FELLOWSHIP TRAINING PROGRAM

### DURATION OF TRAINING

The Pulmonary Disease Fellowship Training Program is a two-year program designed to provide the fellow with a broad in-depth experience in all aspects of the diagnosis and management of diseases of the chest. Through supervised experience and responsibility, the fellow is expected to acquire a thorough background in pulmonary anatomy, physiology, and pathology, and to develop the skills necessary to serve as a consultant in the broad field of chest diseases.

Satisfactory completion of the program will qualify the fellow for the examinations of the Subspecialty Board of Pulmonary Disease of the American Board of Internal Medicine. Candidates for this training must have successfully completed the qualifying examination conducted by the American Board of Internal Medicine.

### SCOPE OF TRAINING

The first year of training is spent on the Chest Disease Branch, Medical Service, of this hospital. The second year of training is flexible and may be varied according to the fellow's interests and specific needs. The fellow remains assigned to the Chest Disease Branch, but may spend a major portion of his time at one or more affiliated hospitals for three to six month periods, including Georgetown University Medical Center and D.C. General Hospital in Washington D.C.; Johns Hopkins Hospital and the Good Samaritan Hospital in Baltimore, Maryland. The second year provides for an excellent filling out of the fellow's learning experiences in pulmonary physiology, tuberculosis, or general pulmonary diseases.

The first year of the fellowship is divided into four integrated sections to provide a broad foundation in diagnostic skills and the application of physiologically-oriented treatment to diseases of the chest. The first three months are spent under the direct

PULMONARY DISEASE FELLOWSHIP TRAINING PROGRAM - Continued

supervision of the Head, Chest Disease Branch, wherein the fellow makes ward rounds and answers all consultation requests. Two afternoons a week are spent in the Chest Clinic. During this period the fellow acquires a familiarity with diagnostic techniques such as needle biopsy of the lung and pleura, trans-nasal fiberoptic bronchoscopy, right heart catheterization, arterial puncture, and performance of routine pulmonary function tests (which he also learns to interpret). He scrubs in regularly with the thoracic surgeons on mediastinoscopies and thoracotomies. He also works closely with the radiologists on bronchographies, endobronchial brush biopsies and other special procedures (much emphasis is placed on daily review of all pertinent x-rays, including all films on both in- and outpatients). The fellow takes part in teaching rounds and conferences, and is responsible for the organization of the weekly Case Conference. He prepares demonstrations and regular lectures for internal medicine residents and interns, nurses, and corpsmen. He spends considerable time in the Inhalation Therapy Laboratory acquiring familiarity with the various types of respirators and other aspects of inhalation therapy treatment.

The next two months are devoted to review and discussion of pulmonary pathology material under the direction of the Head of the Pulmonary Section of the Armed Forces Institute of Pathology. A rich opportunity exists for correlating clinical and radiologic data with gross and microscopic pathologic specimens. This Section reviews a large number of interesting cases regularly, and clinical details and x-rays are generally available also.

The fellow returns to the Chest Disease Branch for the next four months where he again participates in all clinical and teaching activities. During this period, special emphasis is placed on management of the patient in acute respiratory failure (in the respiratory care section of our ICU).

The final three-month period is largely concerned with practical experience in the Cardiac Catheterization Laboratory. Under the guidance of qualified cardiologists, the fellow learns to perform right heart catheterization and pulmonary angiography. He also gains experience in preoperative evaluation and postoperative care of the cardiac surgery patient.

During the second year of training, the fellow may spend two or three months in the Pulmonary Laboratory, Respiratory Intensive Care Unit, or Chest Clinic, according to his desires. The

PULMONARY DISEASE FELLOWSHIP TRAINING PROGRAM - Continued

remainder of the training year may be divided, in a flexible fashion, among the affiliated hospitals previously mentioned. Special interests in rehabilitation of chronic pulmonary disease patients may be satisfied by a rotation with Doctor Luchsinger at the Good Samaritan Hospital. Further experience in clinical pulmonary diseases and pulmonary physiology may be obtained at the Georgetown University Medical Center with Doctor Katz or at the Johns Hopkins Hospital with Doctor Ball.

FACILITIES AND SERVICES

All patients are admitted to the general medical wards where they are followed closely in consultation by the Pulmonary Disease Fellow and the staff physicians of the Chest Disease Branch. The average daily census of pulmonary disease patients located on the general medical wards frequently exceeds 15 with a weekly average of greater than 10 new inpatient consultation requests from the other clinical services within the hospital. In addition, there are 25 active beds on the Thoracic and Cardiovascular Surgery Service. The Pulmonary Laboratory, Chest Clinic, Inhalation Therapy Unit, and Cardiopulmonary Technicians School are all of direct concern to the Chest Disease Branch (as are the daily average of 2 to 3 respiratory failure patients in the Intensive Care Unit). Approximately 60 new inpatient cases are seen monthly; Chest Clinic visits average 350 monthly, plus an average of 40 inpatient consultations from clinical services other than the Department of Internal Medicine are seen monthly, and 60 complete pulmonary function studies are evaluated monthly. Other monthly statistical averages include: Arterial blood gas analyses - 400; screening preoperative ventilatory studies - 30; inhalation therapy treatments - 3,000; thoracotomies for lung disease - 9; fiberoptic transnasal bronchoscopies - 30; mediastinoscopies and other surgical biopsy procedures - 20.

CONFERENCES AND LECTURES

The fellow attends all conferences conducted by, and for, the Medical Service as well as those specifically conducted by, and for, the Chest Disease Branch. The fellow is encouraged to attend local and national chest meetings such as those sponsored by the American Thoracic Society and the American College

PULMONARY DISEASE FELLOWSHIP TRAINING PROGRAM - Continued

of Chest Physicians, whenever possible. Conferences include: Daily chest x-ray review with Radiology Service; monthly Chest Journal Club; and weekly Thoracic Surgery Conference (with civilian consultants), Pulmonary Case Conference, Pulmonary Physiology Conference, Cardiology Conference, Cardiac Catheterization Conference, Medical-Surgical Chest Conference, and rounds with the Head, Chest Disease Branch, and Head, Allergy Branch. The fellow will also attend a five-day conference in pulmonary physiology at a civilian medical center during the first year of training.

STAFF

CAPT L. M. FOX, MC, USN, Chief, Medical Service; Diplomate, American Board of Internal Medicine and Subspecialty Board of Cardiovascular Disease; Fellow, American College of Physicians.

CDR R. C. ELLIOTT, MC, USN, Head, Chest Disease Branch, Medical Service; Board eligible, American Board of Internal Medicine.

CAPT D. A. LEE, MC, USN, Head, Cardiology Branch, Medical Service; Diplomate, American Board of Internal Medicine; Board eligible, Subspecialty Board of Cardiovascular Disease.

CAPT M. MILLS, MC, USN, Chief, Thoracic and Cardiovascular Surgical Service; Diplomate, American Board of Surgery and Board of Thoracic Surgery.

LCDR J. F. SMIDDY, MC, USNR, Staff Physician, Chest Disease Branch; Board eligible, American Board of Internal Medicine.

LCDR J. E. ZIMMERMAN, MC, USN, Staff Physician, Senior Medical Officer, Intensive Care Unit; Diplomate, American Board of Internal Medicine.

CONSULTANTS-LECTURERS

Sol KATZ, M.D.; Diplomate, American Board of Internal Medicine; Professor of Medicine, Georgetown University School of Medicine; Chief, Pulmonary Division, Georgetown University Medical Center.

PULMONARY DISEASE FELLOWSHIP TRAINING PROGRAM - Continued

Hall CANTER, M.D.; Diplomate, American Board of Internal Medicine; Associate Professor of Medicine, Georgetown University School of Medicine; Assistant Chief, Pulmonary Division, Georgetown University Medical Center.

Wilmot C. BALL, JR., M.D.; Diplomate, American Board of Internal Medicine; Associate Professor of Medicine and Assistant Professor of Environmental Medicine, and Head, Respiratory Division, Department of Medicine, The Johns Hopkins University of Medicine; Physician-in-Charge, OPD (Chest Clinic) and Director, Respiratory Laboratory, The Johns Hopkins Hospital.

Frank D. FUSCO, M.D.; Diplomate, American Board of Internal Medicine; Clinical Associate Professor of Medicine, Georgetown University School of Medicine.

Peter C. LUCHSINGER, M.D.; Chief, Respiratory Disease Section, The Good Samaritan Hospital, Baltimore, Maryland; Associate Professor of Medicine, Johns Hopkins University School of Medicine; Consultant to Georgetown University Pediatric Pulmonary Center.

P. Gregg RHODES, M.D.; Diplomate, American Board of Internal Medicine; Assistant Professor of Medicine, Georgetown University School of Medicine; Chief, Pulmonary Inhalation Therapy, Sibley Memorial Hospital, Washington, D.C.; Consultant to Chronic Respiratory Disease Control Program and to Health Care Technology Program, U. S. Public Health Service.

## RADIOLOGY RESIDENCY TRAINING PROGRAM

The Radiology Residency Training Program is a three-year program designed to meet the requirements of, and approved by, the American Medical Association. Candidates for this training must have completed a minimum of one year in an approved internship or one post-graduate year of medical training.

### SCOPE OF TRAINING

The Radiology Residency Training Program at this Hospital provides training in all phases of radiology and nuclear medicine. Completion of the three-year program enables a resident to qualify for examination and certification by the American Board of Radiology in radiology, therapy and nuclear medicine.

Two years are devoted to training a resident to become proficient in all phases of diagnostic X-ray production and interpretation, under the direction of staff radiologists. Special attention is given to studies involving the use of contrast agents, fluoroscopy, and special procedures which include vascular studies as well as neuroradiology procedures.

Pending approval by the American Board of Radiology, a straight diagnostic program will be offered. Instead of the nine months of therapy, the resident will be given further training in pediatric radiology, special studies, or some other facet of diagnosis he selects to pursue. Several months of research is also available for straight diagnostic residents.

Late in the diagnostic portion of training each resident is sent on a two-month rotation through Children's Hospital in Washington, D.C. This program is under the direction of Doctor Joseph LoPresti, who is a Pediatric Radiologist at this institution. During this training, the resident learns all procedures on children, including urograms, vascular studies, and any other special procedures that one would perform on children. In addition, they study and review the extensive teaching files that Doctor LoPresti has collected over a period of years at Children's Hospital.

All residents are required to attend special lectures and a course in anatomy and physics of radiology. The physics course is given by our radiation physicist on a weekly basis throughout the academic year. This is repeated each year in order that the resident has a firm foundation in physics. In addition, nuclear physics is given as part of the Nuclear Medicine Course. Lectures by visiting consultants are scheduled weekly insofar as possible during the academic year. Attendance and participation in other services' conferences of this hospital are also required. These include daily conferences with the Chest Service, the Thoracic Surgery Service, and Gastrointestinal Conference. In addition, weekly conferences are given for the Medical-Surgical-GI Conference, Surgery Conference, and Urology Conference. Orthopedic Conferences are offered twice weekly. During the third year, or as part of therapy, a two-month course in Radioisotopes and Nuclear Medicine, sponsored by the Naval Medical School, is taken by each resident. Two additional months are spent in radiographic pathology at the Armed Forces Institute of Pathology in Washington, D. C.

One full year is devoted to therapy and nuclear medicine. Residents in radiotherapy have the opportunity to become familiar with supervoltage and cobalt therapy equipment and its proper employment in the treatment of neoplasms. In addition, they learn the indications for, and the use of, orthovoltage and superficial therapy. Radium cases in both interstitial and OB-GYN cases are also performed by the resident as the cases occur. Each resident works in close cooperation with the Chemotherapist and the Hematologist at this hospital.

Although not an affiliated training of the Radiology Residency Program at this hospital, the effort is made to send all third-year residents to a five-day symposium in handling of nuclear accidents and casualties at the Sandia Base, Sandia, New Mexico. This training has been offered to all third-year residents insofar as fund limitations and quotas for the course have permitted. It is planned to make this a formal part of the training program in 1972. It is felt that this training is of extreme importance due to the referral of many such problems to the radiologist, particularly those in small areas.

Throughout the entire three years, each resident has direct supervision of a staff radiologist but is encouraged to work alone and allowed to do so as he progresses in knowledge. Part Daily Radiology conferences are held in the Department. Part of the time is didactic, but at least half of the time is spent in reviewing current diagnostic problems or interesting cases by the residents as seen in the past 24 hours.

#### FACILITIES AND SERVICES

In the calendar year of 1971, the X-ray therapy and isotope departments at this hospital averaged 1,500 cases per month. Approximately 32,000 radiological examinations (films exposed) were performed each month including approximately 750 special examinations. We average between 250 and 300 patients in the diagnostic department daily.

The Radiology Department is currently undergoing a modernization process by installation of modern up-to-date equipment. We have added a Biplane 1000 MA Phillips special studies room, in which all catheter work is performed. This room is adjacent to the Cardiac Cath Laboratory and the resident assists in both of these aspects of special studies during his diagnostic years. In addition, the entire department will be less than two years old as far as equipment is concerned by the Fall of 1972. This includes all Plumbicon image intensifiers with TV readouts, a Polytome Super 70 System, and closed-circuit television of all studies performed. Additionally, video tape recording of any fluoroscopy study for immediate review is available in all rooms.

#### STAFF

Captain J. E. TURNER, MC, USN, Chief, Radiology Service; Diplomate, American Board of Radiology

Commander J. SMITH, MC, USN; Diplomate, American Board of Radiology

Commander R. GEORGE, MSC, USN: Radiation Physicist

Lieutenant Commander J. D. ARMSTRONG, MC, USNR: Diplomate, American Board of Radiology

Lieutenant Commander M. E. HOLZER, MC, USNR: Diplomate, American Board of Radiology

Lieutenant Commander R. H. MAGEN, MC, USNR: Diplomate, American Board of Radiology

Lieutenant Commander L. HECK, MC, USNR: Diplomate, American Board of Radiology

Lieutenant Commander R. L. ROYSTER, MC, USNR: Diplomate, American Board of Radiology, Radiation Therapy

Lieutenant Commander R. FLOM, MC, USNR: Diplomate, American Board of Radiology

Lieutenant D. D. MAXWELL, MC, USN: Board-eligible, American Board of Radiology

Lieutenant D. B. KARP, MC, USNR; Radiation Therapist

Lieutenant J. DULEY, MSC, USN: Radiation Physicist

CONSULTANT-LECTURERS

Charles E. BICKHAM, Jr., M.D. (Radiologic Diagnosis)

T. Giffin DAUGHTRIDGE, M.D. (General radiology)

John DENNIS, M.D. (Radiologic diagnosis)

A. Edward O'HARA, M.D. (Pediatric radiology)

Philip E. S. PALMER, MRCP, FFR (General radiology)

Elias P. THEROS, Captain, MC, USN (General radiology)

M. WIZENBERG, M.D. (Therapeutic radiology)

Alvin C. WYMAN, M.D. (Radiologic diagnosis)

## GENERAL SURGERY RESIDENCY TRAINING PROGRAM

The General Surgery Residency Training Program is a four-year program designed to meet the requirements of the American Board of Surgery, the American College of Surgeons, and the American Medical Association. It is fully approved by the Conference Committee on Graduate Education in Surgery for two residents at each year level. Candidates for this training must have completed a minimum of one year in an approved internship.

### SCOPE OF TRAINING

The General Surgery Residency Training Program is conducted with emphasis on the application of basic medical sciences to the clinical work of the resident. There is a broad exposure to general surgery and to those subspecialties particularly pertinent to the general surgeon. The program provides integrated and progressively graded clinical training which insures that the resident, as he demonstrates ability, is given increased responsibility.

In the first year of training, the resident is assigned to the general surgery wards, acts as assistant to the Ward Medical Officer, performs the simpler surgical procedures, and assists at more complicated major surgical operations. He is also required to attend basic science lectures, including anatomy.

In his second year the resident is offered elective rotations in the surgical subspecialties of plastic surgery, orthopedic surgery, neurosurgery, urological surgery, pediatric surgery and, at the National Cancer Institute, surgical oncology. The resident may also spend an elective at the Naval Medical Research Institute, where experience in surgical research techniques, and participation in general surgery research projects are provided.

In the third year the resident spends six months on the cardio-thoracic surgical service, gaining experience in the diagnosis and management of general thoracic and cardiac surgery problems. For the remainder of the year he is assigned to the vascular surgery service, where he is provided the opportunity to become

familiar with the diagnosis and management of extrathoracic vascular diseases. He is also given increased responsibility in the performance of more complex general surgical procedures, and actively participates in the training of junior residents.

In his fourth year the resident assumes the status of Chief Resident of the Surgical Service. He is responsible for managing a surgical ward and its associated clinic, with staff surgeons available on a consultation basis. He performs all the major surgery and is actively involved in the teaching and supervision of junior residents and interns.

Two residents each year attend the Annual Postgraduate Short Course, "Surgical and Orthopedic Aspects of Trauma," held at Brooke Army Medical Center. This course is approved as an integral part of the residency program by the Bureau of Medicine and Surgery.

Residents stand the on-board surgical watch every fourth night throughout the duration of their training. The first two years are in a junior capacity, with senior responsibility beginning in the third year.

#### CONFERENCES AND LECTURES

Surgical Forum. Weekly surgical service conference attended by all members of the staff, residents and interns to present and discuss interesting and challenging ongoing case material, supplemented by didactic presentations, movies, and literature reviews. Consultants and visitors are usually in attendance.

Grand Rounds. Held weekly on each of the three general surgery services by the Chief of Surgery. Case presentations form the basis for discussions of preoperative, intraoperative and post-operative features of a great variety of surgical problems.

Morbidity-Mortality Conference. Held twice monthly to present and discuss ongoing complications and recent deaths.

Journal Club. Monthly meeting at which current surgical journal articles are presented by residents and discussed by members of the staff.

Resident Lectures. Monthly conference designed to provide a forum for residents to present the current status of a subject of their choice, with or without clinical material, resulting from a review of the recent literature.

Tumor Board. Held four times monthly, interesting and problem cases in the field of oncology are presented and discussed. A consultant is usually present.

Consultant Conferences and Rounds. Weekly conference or rounds with civilian consultant, utilizing both case presentations and lectures.

Medical-Surgical Gastroenterology Conferences. A combined conference is held monthly to present and discuss a variety of subjects of mutual interest, with a civilian consultant present. In addition, each week, an informal 'Belly Board' convenes, attended by staff, residents, interns and medical students, to discuss the diagnosis and management of interesting teaching cases currently under consideration.

Clinical Pathologic Conference. Monthly meeting of the entire hospital staff to consider a case of special teaching value. Presentations are the responsibility of a different teaching service each month during the academic year.

Medical-Surgical Chest Conference. Weekly conference at which case material is selected to illustrate a variety of general thoracic surgery and chest medicine problems. A consultant attends.

Microscopic Slide Review. A series of monthly microslide and Kodachrome slide demonstrations conducted during the academic year by the Pathology Service. Emphasis is placed on current surgical pathology, complemented by material from the teaching files. In addition, a Surgical Pathology Conference is held each month for all residents. Monthly Morgue Gross Pathology Conferences are presented on a regular basis.

X-ray Conference. Monthly conference presented by the Radiology Service, with review of current films supplemented by material from teaching files, illustrative of conditions of general surgical interest.

Basic Anatomy Course. Lecture course held on alternate Wednesday afternoons, illustrated with transparencies and anatomical models. It is supplemented by cadaver dissections.

#### SURGICAL SERVICE STAFF

Captain Buell C. COLE, MC, USN, Chief, Surgical Service; Diplomate, American Board of Surgery; Fellow, American College of Surgeons. Clinical Professor of Surgery, Georgetown University School of Medicine.

Captain William J. FOOTY, MC, USN, Assistant Chief, Surgical Service; Diplomate, American Board of Surgery; Fellow, American College of Surgeons.

Commander Robert C. COCHRAN, MC, USN; Diplomate, American Board of Surgery.

Commander Donald L. STURTZ, MC, USN; Diplomate, American Board of Surgery.

Lieutenant Commander Alfred J. MARTIN, Jr., MC, USNR; Diplomate, American Board of Surgery.

Lieutenant Commander Verne C. LANIER, Jr., MC, USNR; Board Eligible, American Board of Surgery.

In addition, general surgery residents are provided training by the Chiefs of Service and their staffs in the surgical subspecialties.

#### SURGICAL SERVICE CONSULTANTS

Robert J. COFFEY, M.D., Ph.D.; Diplomate, American Board of Surgery; Fellow, American College of Surgeons; Professor of Surgery, Georgetown University School of Medicine, Washington, D. C.

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In addition, general surgery residents regularly attend lectures given by civilian consultants in the surgical subspecialties.

## THORACIC SURGERY RESIDENCY TRAINING PROGRAM

### DURATION AND GOALS OF TRAINING

The Thoracic Surgery Residency Training Program is a two-year program designed to meet the requirements of, and approved by, the American Board of Thoracic Surgery, American College of Surgeons, and Council on Medical Education, American Medical Association. Candidates for this training must have completed the training requirements for examination by the American Board of Surgery. The program is designed to train the resident in general thoracic and cardiac surgery.

### SCOPE OF TRAINING

In the first year of training, the resident is indoctrinated in the admission, preoperative evaluation and postoperative management of all cases being cared for by the Service under the supervision of the senior resident and staff. Following a period of instruction, he performs virtually all endoscopies and mediastinoscopies. By the end of the first eight months he has progressed to the point where he performs most of the routine thoracotomies and assists on essentially all of the more difficult procedures.

In addition to the above clinical responsibilities, he spends one month on the Cardiology Service for orientation in cardiac catheterization and ECG interpretation. Midway in the first year, he attends a two week course conducted by the Division of Cardiovascular Pathology of the Armed Forces Institute of Pathology. This consists of concentrated review of congenital and acquired cardiac pathology. He is also expected to assist in surgical procedures performed in connection with the various cardio-thoracic research projects being carried out by the department in the laboratories of the Naval Medical Research Institute.

The second year resident is responsible for all of the patients on the Service. Staff supervision is kept to a minimum and decreased as the second year progresses to prepare the resident for solo responsibility at his next Navy duty station. The

## Thoracic Surgery Residency Training Program - Continued

second year resident supervises and teaches the first year thoracic surgery resident, the general surgery resident, and intern rotating on the service. He is the principal surgeon in the more difficult and complicated operative procedures insofar as his experience, judgement and skill warrant. A requirement for the completion of the residency is the presentation and publication of at least one scientific paper. Each resident is expected to attend at least one major national surgical meeting each year.

### LOCATION OF TRAINING

The clinical experience in both the first and second years is gained entirely at Naval Hospital, Bethesda. The department is responsible for the care of all thoracic surgery patients referred to this institution. This provides a broad cross-section of case material. Consequently, there is no need for specific outside clinical rotations.

### SCHEDULE OF CONFERENCES AND LECTURES

Monday : a) Joint Thoracic Surgery Conference with the staff of Walter Reed Army Medical Center.  
b) Review of specimens received by Division of Cardiovascular Pathology, Armed Forces Institute of Pathology.

Tuesday : Thoracic Surgery Conference - case presentations and discussion with surgical consultant in attendance.

Wednesday : Medical-Surgical Chest Conference - case presentation primarily pulmonary and mediastinal pathology - Frequent review of altered pulmonary physiology - chest medicine and thoracic surgery consultants in attendance.

Thursday : a) Tumor Board - general staff Oncology conference

Friday : Cardiac Catheterization Conference - review and discussion of all patients undergoing cardiac catheterization who have lesions of surgical interest

Saturday : Thoracic Surgery Grand Rounds  
Bi-weekly: Surgical Grand Rounds, Georgetown University School of Medicine.  
Monthly: Thoracic Surgery Pathology Conference presentation of current case material - gross and microscopic. Presentation of unknowns to quiz residents.  
Monthly: X-ray conference - presentation of unknowns, or several related cases with review of salient radiographic findings.

## Thoracic Surgery Residency Training Program - Continued

In addition to the above there is a daily x-ray conference where current films are reviewed, followed by a conference with the Chief of Service, staff and residents for teaching and current case discussions.

### FACILITIES AND SERVICES

This hospital is designated the Naval Medical Center for Thoracic and Cardiovascular surgery for the Eastern United States.

The average daily census for the Thoracic and Cardiovascular Surgical Service in 1971 was 24 patients with 295 major surgical cases being performed. Among these, there were 101 open heart procedures. Many cases are referred from the chest disease and cardiology branches of the Department of Medicine. These branches see a combined average of approximately 15,000 outpatients annually. It should be noted that all patients, regardless of their status, are available as teaching cases, since there are no private patients at this institution.

### STAFF

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Thoracic Surgery Residency Training Program - Continued

CONSULTANTS-LECTURERS

F. S. ASHBURN, B.A., M.D., M.S. (Surgery), Thoracic Surgery: Diplomate, American Board of Surgery; Diplomate, Board of Thoracic Surgery; Fellow, American College of Surgeons; Member, Society of Thoracic Surgeons, American Association for Thoracic Surgery, and Southern Surgical Association; Associate Professor of Thoracic Surgery, Georgetown University School of Medicine; Chief Thoracic Surgeon, Doctors' Hospital and Providence Hospital, Washington, D.C.; Consultant in Thoracic Surgery, National Institutes of Health, Bethesda, Maryland, and The Glenn Dale Sanitarium, Glenn Dale, Maryland.

C. A. HUFNAGEL, B.S., M.D., Cardiac Surgery: Diplomate, American Board of Surgery; Fellow, American College of Surgeons; Fellow, American Surgical Association; Fellow, Society for Vascular Surgery; Member, Society of Thoracic Surgeons and American Association for Thoracic Surgery; Professor of Surgery and Chairman, Department of Surgery, Georgetown University School of Medicine; Director of Experimental Surgical Research Laboratory, Georgetown University School of Medicine; Chief, Thoracic Surgery, Providence Hospital, Washington, D.C.

J. W. PEABODY, JR., M.D., Thoracic Surgery: Diplomate, American Board of Surgery; Diplomate, Board of Thoracic Surgery; Fellow, American College of Chest Physicians; Member, Society of Thoracic Surgeons, and American Association for Thoracic Surgery; Clinical Assistant Professor of Thoracic Surgery, Georgetown University School of Medicine; Senior Attending Thoracic Surgeon, Washington Hospital Center, Washington, D.C., and Suburban Hospital, Bethesda, Maryland; Attending Thoracic Surgeon, Georgetown University Medical Center and D.C. General Hospital, Washington, D.C.; Consultant in Thoracic Surgery, Columbia Hospital for Women, Washington, D.C.; Associate Thoracic Surgeon, Children's Hospital, Washington, D.C.; Staff Thoracic Surgeon, Cafritz Hospital, Sibley Hospital, Doctors' Hospital, Washington Sanitarium and Hospital, Providence Hospital, and Holy Cross Hospital.

## UROLOGY RESIDENCY TRAINING PROGRAM

The Urology Residency Training Program is a four-year program designed to meet the requirements of the American Board of Urology and the Council on Medical Education of the American Medical Association.

Candidates are eligible for entrance into the four-year integrated program after completion of internship. The first year primarily involves endoscopic, radiologic, and clinic experience. The resident's responsibilities extend to in-patient and outpatient care. He performs minor surgery and assists at major surgery. At the end of the first year the resident begins his rotation off the service, following which he resumes his urology training.

The off-service year allows for considerable variation. It includes training in general surgery, renology, hemodialysis and pathology.

The second year of urology is designed to allow progressive experience in all phases of the specialty.

In the third or final year of urology training, the resident assumes the position of Senior Resident. Training is structured so as to focus upon this most crucial year. During the year he performs virtually all major procedures, both endoscopic and open. In addition, he is responsible for implementing the academic program and assisting in the training of the junior residents. He is relieved of the responsibility of managing a ward so as to be free to provide care on all services from which he derives operative experience. He handles all inpatient consultations and serves as an effective liaison between the residents and the staff.

The program is structured so that formal teaching sessions are a daily routine. Towards this end, the services of radiologists, renologists, endocrinologists, pathologists

## Urology Residency Training Program

and the organ transplant service, as well as eminent civilian consultants are available. A Urological Consultation Service is maintained by the Urology Department, Naval Hospital, Bethesda, and Naval Hospitals at Annapolis, Maryland, and Quantico, Virginia. A joint meeting of the Naval Hospital, Bethesda, and Walter Reed Army Medical Center, Washington, D.C., is held monthly. The residents attend the monthly professional meetings of the Washington Urological Association.

At the completion of four years of training, the resident is prepared for independent duty as urologist and he is qualified as a candidate for urological board certification.

### STAFF

CAPT M. EDSON, MC, USN: Chief, Urology Service; Diplomate, American Board of Urology; Member, American Urological Association; Fellow, American College of Surgeons.

CDR L. A. JONES, MC, USN: Assistant Chief, Urology Service; Board Eligible.

LCDR T. A. MAC LEAN, MC, USN: Clinical Instructor; Board eligible.